

REBOUNDERS SUMMER—Beginning June 8 KIDS PLAY DAY

An All Day any time drop off



OFFERED EVERY MONDAY—FRIDAY
8:30-3:30 pm Ages 3 1/2 and up



Sign up by phone at least one day before 410-252-3374 ext. 41
Leave the drop off date, your child's name, age, phone number, and projected time of stay

_____ , _____ Child's Last Name Child's First Name			
_____	_____	_____	_____
Age	D.O.B.	Emergency #	Emergency Contact
_____		_____	_____
Address		City	State Zip
_____		_____	_____
Home #		Cell #	



Members are students *currently* enrolled in a class.

Member Fees: 10 Hours-\$50 5 Hours-\$35 1 Hour-\$10

Non Members are students *not* currently enrolled in a class.

Non Member Fees: 10 Hours-\$100 5 Hours-\$60 1 Hour-\$15

WE OFFER AUTOMATIC RENEWAL

Please complete credit card authorization if you would like an Automatic Renewal payment option

Visa/MC/DC Card #: _____ - _____ - _____ - _____ Exp. Date: ____/____ CCVC : _____

Signature: _____ Date: _____

RELEASE AGREEMENT: Participants are expected to carry their own accident and/or medical insurance. Any physical fitness activity that involves motion and/or height creates the possibility of serious injury. Adults participating in Rebounders fitness class involving the use of gymnastics equipment should know their limitations, understand what is expected of them, appreciate possible risks, and consult their instructors. I do consent and agree to indemnify and hold harmless Rebounders Gymnastics Centers, Inc. , to provide customary medical/athletic training attentions, transportation, and emergency medical services as warranted in the course of my participation in Rebounders activities. I further authorize to execute that consent required in connection with emergency medical services. I hereby release Rebounders, its officers, employees and agents from and agree to indemnify them against any liability arising out of the exercise of the authority here granted. Additionally, Rebounders Gymnastics reserves the right to use any video or photographic materials for any lawful purpose, including advertising and the web.

SIGNATURE: _____ DATE: _____ / _____ / _____

MUST COMPLETE HEALTH FORM ON BACK

REBOUNDERS GYMNASTICS

7-A West Aylesbury Road; Timonium, MD 21093; 410-252-3374

SPECIAL EVENT MEDICAL FORM

The following information must be completed by the camper's Parent/guardian

NO CHILD WILL BE PERMITTED TO ATTEND KID'S PLAY DAY WITHOUT PROPER COMPLETION OF THIS FORM PRIOR TO THE START

(ANY FORMS NOT FULLY COMPLETED WILL BE RETURNED)

Camper's Name _____ Girl ___ or Boy ___ Date of Birth ___/___/___
Street Address _____ City _____ State _____ Zip _____
Home Phone # _____ Parent's Work # _____ Cell Phone # _____ Other _____

EMERGENCY INFORMATION

Emergency Contact _____ Relationship to Camper _____ Phone # _____
Physician Name _____ Address _____ Phone # _____

MEDICAL INFORMATION

1. Date of Camper's last Physical Exam _____
2. Medical Insurance Carrier _____ Group # _____ Policy # _____
3. Insurance Carrier Address _____ Phone # _____
4. Does the camper have any allergies to medications, food or environment? No _____ Yes _____ If yes, please list below:

5. Does the camper have any medical or physical restrictions? No _____ Yes _____ If yes, please specify below:

6. Does the camper suffer from a chronic illness? No _____ Yes _____ If yes, please explain below:

**If medication will be required during camp session, medication must be in the original packaging, with original pharmacy prescribing information. A signed medication information form must be filled out before medication can be administered. (Forms are available at camp check-in.)*

7. Does the camper have any physical, cognitive, language, social, emotional and/or sensory difficulties? No ___ Yes ___ If yes, please explain : _____

IMMUNIZATION INFORMATION

1. Does the camper attend a public or private pre-school, elementary or secondary school in Maryland?
Yes _____ Name of School (required for attendance) _____
No _____ (If, no, see below) ***
2. Has the camper received the proper schedule of immunizations and boosters? Yes _____ No _____ (If no, see below) ***
3. Date of last tetanus (DTP) immunization: Month _____ Year _____ (Required for attendance)

*****If your child does not attend a Maryland school or is exempt from immunizations due to medical contraindications or religious objections, please have the child's physician fill out and sign the MD Department of Health and Mental Hygiene Form 896 (Maryland Immunization Certificate) or a signed doctors immunization schedule. If your child is too young to attend school, is home schooled or attends a school out of state, an immunization form must also be attached**

IMMUNIZATION INFORMATION AND/OR CERTIFICATION AND TETNUS INFORMATION IS REQUIRED PRIOR TO THE START OF CAMP, OR YOUR CHILD WILL NOT BE PERMITTED TO ATTEND.

AUTHORIZATION OF PARTICIPATION: To the best of my knowledge the above health history is correct and the individual herein described has permission to engage in all camp activities except as noted. I understand that falsification of any health-related information will result in the immediate dismissal of my child from camp.

AUTHORIZATION OF TREATMENT: I hereby give my permission to the medical personnel selected by the camp director to order treatment, x-rays, routine test and/or necessary transportation for my child. In the event an authorized individual can not be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure, recommend or administer treatment, including hospitalization for my child, if necessary.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date _____