

SCHOOL'S OUT FUN DAYS AT REBOUNDERS!

Need something fun for your school aged (5 - 12yr) old children to do on those days when school is closed? Bring them to **Rebounders** for a day of fun filled activities, including gymnastics, dance, organized games and supervised play. **Your child should bring a name labeled peanut free lunch. Preschoolers please bring a change of clothes.**

Days

Monday, January 18 Friday, January 29

Monday, February 15

*Must register in advance in person, mail or fax

*Must have 4 or more registered to run.



Rates/Time

Half Day AM—\$45

8:30-12:30

Half Day PM- \$35

12:30-3:00

Full Day—\$65

8:30-3:00

10% sibling discount



Schedule

8:30-9:30	Arrival/Warm up Games
9:30	Structured Gymnastics/Dance
10:45	Snack Time
11:00	Structured Gymnastics
11:30	Organized Games
12:00	Lunch
12:30	Dismissal for Half Day/Open Gym
1:00	Fine Motor/Quiet Activity
1:45	Structured Gymnastics/Dance
2:30	Organized Games
3:00	Dismissal Full Day

School's Day Out Winter 2010

Name of 1st Child: _____	D.O.B. _____
Name of 2nd Child: _____	D.O.B. _____
Name of 3rd Child: _____	D.O.B. _____
Parent (s) Name: _____	Phone # _____
Address: _____	City: _____
State: _____	Zip: _____
Emergency Contact: _____	Emergency # _____

Monday, January 18	Friday, January 29	Monday, February 15
___ 8:30-12:30	___ 8:30-12:30	___ 8:30-12:30
___ 8:30-3:00	___ 8:30-3:00	___ 8:30-3:00
___ 12:30-3:00	___ 12:30-3:00	___ 12:30-3:00

Must have at least 4 children registered in each half day session to have it go.

<u>Payment</u>	
1/2 day am	\$45 _____
1/2 day pm	\$35 _____
Full day	\$65 _____
Total	_____
Sibling discount -	_____
Total Amount	_____

Amount Pd.: _____	Date Paid: ____/____/____
___ Cash Payment	Check Payment (ck#) _____
Visa/MC.DC Card #: _____	
Exp. Date: ____/____	CCVC(last 3 digits on back of card): _____
Signature: _____	

Payment Policy: Full payment due at time of registration.

Please complete Form on back!

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REBOUNDERS GYMNASTICS SESSION

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

SPECIAL EVENT MEDICAL FORM

**PLEASE NOTE: The following information must be completed by the camper's Parent/guardian.
NO CHILD WILL BE PERMITTED TO ATTEND CAMP WITHOUT PROPER COMPLETION OF
THIS FORM PRIOR TO THE START OF THE SESSION!
(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 _____