

## Day Camp Tuition:

7:30 am til 6 pm:

Daily Camp Rate: \$45.00 per day

½ Day Rate: \$25.00 per day

Morning: 7:30 am – 12:30 pm

Afternoon: 12:30 pm – 6:00 pm

Full-time Afterschool Students enjoy discounted rates on camps at Olympia Hills.

### Sample Daily Schedule

7:30 – 8:30 am	Drop Off & Movie
8:30 – 9:00 am	Stretch and Warm Up
9:00 – 10:00 am	Gymnastics!
10:00 – 10:15 am	Snack Time
10:15 – 10:45 am	Outdoor Games & Sports
10:45 – 11:30 am	Arts/Crafts/Games
11:30 – 12:00 pm	Lunch
12:00 – 3:00 pm	Open Gym
3:00 – 3:15 pm	Snack Time
3:15 – 4:30 pm	Games in Gym
4:30 - 6:00 pm	More Gymnastics and Pickup

## Camp Information

Campers must be between 5 and 12 years old.

Afternoon snack will be provided. Campers must bring a morning snack and a lunch.

Camp Tuition is non-refundable.

Campers must be picked up by 6 pm. Late pickup fees of \$1 for the first 5 minutes and \$1 each additional minute will apply.

Campers need to bring daily:

- Healthy lunch
- Morning snack
- Water bottle
- Extra change of clothes
- Tennis shoes

Students should wear shorts and a T shirt (girls may wear leotards). Please no zippers, buttons, or jewelry. Hair should be pulled back and secured.

The following are not allowed at the gym:

- Electronic games and devices
- Gum
- Jewelry (other than stud earrings)
- Pokemon or similar game cards

Please let the office know if someone other than yourself will be picking up your child. Be prepared to show photo ID in order to pick up a child. Please keep our office apprised of any changes to emergency contact numbers.

# Olympia Hills Gymnastics

2122 Green Meadows Ln. in Buda

**1-800-906-FLIP**

## President's Day Camp



*School's Out-Come Play!*

**Monday  
February 17th**

JULY 2019						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JANUARY 2020						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

AUGUST 2019						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

FEBRUARY 2020						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

SEPTEMBER 2019						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

MARCH 2020						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

OCTOBER 2019						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

APRIL 2020						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

NOVEMBER 2019						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

MAY 2020						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

DECEMBER 2019						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

JUNE 2020						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

# Olympia Hills Day Camp Registration Form 2020

Please complete, detach, and submit with payment to the gym office.

Student Name: \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Male or Female

Student Name: \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Male or Female

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Numbers: Primary Contact Number: \_\_\_\_\_

Home: \_\_\_\_\_ Emergency: \_\_\_\_\_

Mother Cell: \_\_\_\_\_ Father Cell: \_\_\_\_\_

Mother Work: \_\_\_\_\_ Father Work: \_\_\_\_\_

Please circle one: Full Day or Half Day AM or Half Day PM

## Authorization for Emergency Medical Attention

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or persons in charge to take my child to the nearest medical facility.

Child's Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Any know medical problems/allergies: \_\_\_\_\_

## Release of Liability

All precautions will be taken to prevent accidents. However, should an accident occur, first aid will be administered and parent or doctor will be notified, if deemed necessary. Olympic Hills Gymnastics and staff cannot be held liable for injuries that occur on gym premises or otherwise in the care of Olympic Hills personnel. I/We \_\_\_\_\_ assume all responsibility and hereby waive any claim for compensation for injury incurred by myself or my child while at Olympic Hills and agree to indemnify or hold harmless the gym, its owners, and employees against any and all claims which may arise from an injury to my child while participating in the program.

Olympic Hills Gymnastics uses photos of students, staff and visitors in promotional material including on its website. If you DO NOT want your child's face to appear, initial here \_\_\_\_\_ and we will make all reasonable attempts to avoid using your child's photos or to blur his/her face in photos.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

I have read the rules and policies on the back of this page and agree to abide by the guidelines stated there.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date