

# WINTER BREAK CAMP INDEMNITY

I fully understand that Youth Sports Staff members are not Physicians or Medical Practitioners of any kind. With the above in mind, I hereby release the Youth Sports Staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Youth Sports Staff to call our doctor and to seek medical help, including transportation by a Youth Sports Staff Member or its representatives, whether paid or volunteer, to seek any health care facility or hospital, or the calling of an ambulance for said child should the Youth Sports Staff deem this to be necessary.

We, the staff of Youth Sports recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sports of gymnastics, jump rope, trampoline, tumbling, cheerleading, and dance. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics, jump rope, trampoline, tumbling, cheerleading and dance, can be dangerous and lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and the coaches' instructions. The Youth Sports, its coaches and other staff members, will not accept responsibility for injuries sustained by any student participating in the Youth Sports Summer Camp Program.. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Youth Sports. I, my executors, or representatives, waive and release all rights and claims for damages that I or my child may have against Youth Sports or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalizations, health and accident insurance coverage which I consider adequate for both by child's protection and my own protection. I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. Youth Sports will only warn the child through "Safety Messages" and our teaching styles and progressions.

I/We also give Youth Sports permission to use any videos or photographs of the participant for publicity or promotional purposes

Parent/guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please sign & date here.

Serving Children in Prince William County  
30+ Years



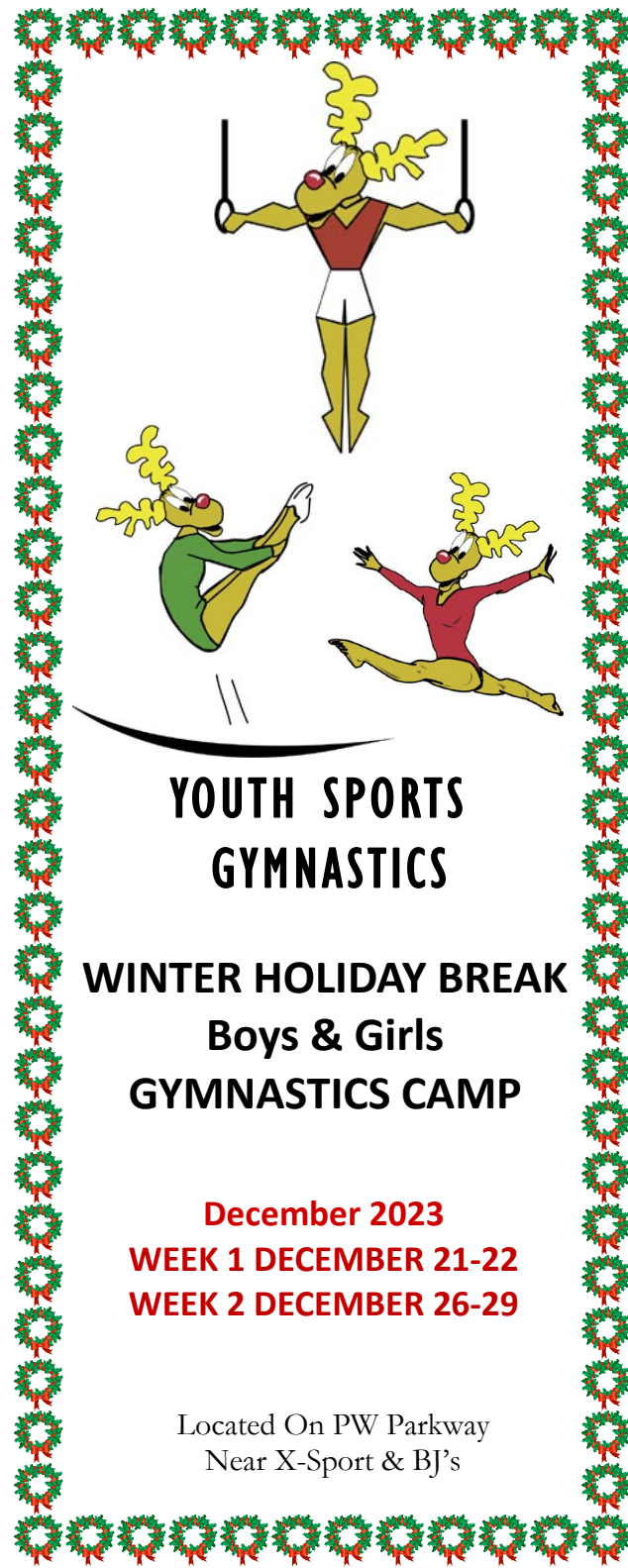
## YOUTH SPORTS GYMNASTICS

14023 NOBLEWOOD PLAZA DRIVE  
WOODBRIDGE, VA 22193

Phone: 703-590-8400

[www.youthsportsva.com](http://www.youthsportsva.com)

E-mail: [jbccoach@aol.com](mailto:jbccoach@aol.com)



## YOUTH SPORTS GYMNASTICS

### WINTER HOLIDAY BREAK Boys & Girls GYMNASTICS CAMP

December 2023

WEEK 1 DECEMBER 21-22

WEEK 2 DECEMBER 26-29

Located On PW Parkway  
Near X-Sport & BJ's

# WINTER HOLIDAY BREAK CAMP INTRODUCTION

# WINTER BREAK CAMP

## GYMNASTICS CAMP

YOUTH SPORTS, Virginia Training Center's Camp Program gives kids of all gymnastics backgrounds and ages a chance to develop new skills, make new friends and above all have loads of fun! Gymnastics Camp is open to kids ages 5 - 15. The kids will participate in gymnastics, jump rope, arts and crafts, trampoline, movies and more. A schedule for the week will be handed out on the first day of camp. All full day campers will need to bring 2 snacks and a bag lunch each day. Campers also need to bring a water bottle with enough water for the day. Refillable bottles may be filled at the front desk and water is available in the vending machine at a cost of \$1. Names should be clearly labeled on all personal belongings. Personal devices are allowed, however they may not be shared and Youth Sports will not be responsible for loss or damage to the devices.

**PAYMENT DEPOSIT** \$25.00 (APPLIED TOWARD TUITION)

7:30 am-4:30 pm

- Late pick-up available at an additional fee of \$5.00/Hour. (Must be pre-arranged and scheduled)

### CAMP RATES

**6- DAY Full Day Rate \$276.00**

**6- DAY Half Day Rate \$216.00**

**\$60.00 Daily Rate**

**\$40.00/ Half Day**

**December: 21,22,26,27,28,29**

### 10% Sibling and Active Military Discount

(discount received after first child)

Active Military Discount (with ID)

Please sign the reverse side of this form

## Winter Holiday Break Camp

# December 2023

Su M Tu We Th Fri Sa

					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

RED = PWC NO SCHOOL 2-WEEKS

## DEPOSIT & PAYMENT INFO.

A non-refundable deposit of \$25.00 is due for camp. Your deposit will be applied to the weekly tuition.

Registration is due 1 week prior to the start of camp.



## PARTICIPANT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Participant Age: \_\_\_\_\_ (must be 5 years old)

Health / Medications / Allergies \_\_\_\_\_

**DAILY RATE** \$60.00 / DAY \_\_\_\_\_

**HALF DAY CAMP** \$40.00 / DAY \_\_\_\_\_

**6-Day Full Day** \$276.00 \_\_\_\_\_

**6- Day Half Day** \$216.00 \_\_\_\_\_

**\$25 DEPOSIT** \_\_\_\_\_

### CHECK DATES ATTENDING

**Week 1 December:** \_\_\_21,\_\_\_22

**Week 2 December** \_\_\_26,\_\_\_27,\_\_\_28,\_\_\_29

## PARENT/GUARDIAN INFORMATION

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

Additional Phone # \_\_\_\_\_

## INSURANCE / PHYSICIAN INFORMATION

Physician Name \_\_\_\_\_

Phone # \_\_\_\_\_

Insurance Co. \_\_\_\_\_

ID # \_\_\_\_\_

## DEPOSIT / PAYMENT INFORMATION

Deposit: Cash \_\_\_ Check # \_\_\_ CC \_\_\_ Date \_\_\_

Amount of Deposit Paid \$ \_\_\_\_\_