

Zenith Gymnastics

SUMMER CAMPS 2025

Enrollment Form

(Must be 5 yrs or older)

Camper

First Name: _____ Last Name: _____ Gender: M/F DOB: ___ / ___ / ___

Parent Name: _____ Phone #1: _____ Phone #2: _____

Is the child... Active Zenith Member Previous Yearly Member Previous Camper Camper's Sibling

E-mail : _____

Write in the table boxes below: **AM** for 9am to 12pm or **PM** for 12pm to 3pm or **FD** for Full Day 9am to 3pm.

Indicate
in cells

AM

or

PM


or

FD

Week	Mon.	Tue.	Wed	Thu.	Fri.	Dropping off early? Time?	Picking up later? Time?
1) May 27 th to May 30 th	X						
2) June 2 nd to June 6 th							
3) June 9 th to June 13 th							
4) June 16 th to June 20 th							
5) June 23 rd to June 27 th							
6) July 7 th to July 11 th							
7) July 14 th to July 18 th							
8) July 21 st to July 25 th							
9) July 28 th to August 1 st							
10) August 4 th to August 8 th							
11) August 11 th		X	X	X	X		

- The deposit insures camper placement. Deposit is non-refundable and non-transferable.
- No shows are subject to no refund nor reschedule, unless cancelling or rescheduling 24 hours before. See details on back page.

Notes: _____

Please
Turn the page 

OFFICE USE:

- Date: ___ / ___ / ___ Amount: \$ _____ Cash ___ Check ___ Credit ___
- Date: ___ / ___ / ___ Amount: \$ _____ Cash ___ Check ___ Credit ___
- Date: ___ / ___ / ___ Amount: \$ _____ Cash ___ Check ___ Credit ___
- Date: ___ / ___ / ___ Amount: \$ _____ Cash ___ Check ___ Credit ___

Description:

Camper First Name: _____

Last Name: _____

Image Use Release

On occasion, Zenith Gymnastics staff may photograph campers for use on our web site or other advertisements. If you prefer that your child NOT be photographed, please indicate below.

_____ Please do not use any photographs of my child for publication purposes.

Medical Condition

Please list any medications, allergies, and/or special instructions. Any special instructions or problems must be documented with Zenith Gymnastics office before a child can participate in camp. (Any medications left at the front office must be labeled).

Waiver and Consent

I hereby consent to my child's participation in the Zenith Gymnastics Summer Camp and agree to assume the risks involved. Indeed I understand there are risks, possibility of accidental injury, paralysis and even death in any activity involving unusual motion or height. I however give permission for the above named camper to participate in all camp activities including use of inflatables. I hereby forever waive, and forever release and discharge Zenith Gymnastics, their officers and employees from all liabilities, all damages, and injuries suffered by the participant in connection with use of equipments, instructors, and facilities. I understand that Zenith Gymnastics does not provide medical insurance relative to accidents or injuries sustained as a result of program-related activities and that I must provide my own accident/medical insurance. I also authorize any member of Zenith Gymnastics camp staff to act on my behalf during camp. By participating in a summer program, the child agrees to cooperate with the staff and follow Zenith Gymnastics guidelines for appropriate conduct.

A deposit insures camper placement for a specific week. Weekly deposits will be deducted from the weekly fee. The weekly fee and the visitor fee are due on the first day (first session) of the week of camp. Deposits and visitor fees are nonrefundable. Multiple day discounts apply on the same week only, and must be selected at time of sign up. Because we schedule our coaches based on the number of insured spots, no shows are subject to no refund nor reschedule, unless cancelling or rescheduling 24 hours before. Weekly fee and Visitor fee are non-transferable from child to child, and non-transferable from week to week. Because group sizes are limited and we schedule our coaches accordingly, walk-ins are not guaranteed.

Extended Care Time (E.C.T.): camper will be staying under supervision in the front office lobby. Camps start at 9am and end at 3pm, therefore E.C.T. are held outside of camp hours.

Parent/Guardian Signature _____

D.L.# / State _____ / _____

Printed Name _____

Date _____ / _____ / _____