

Smoky Mountain Summer Retreat @SMG

Enrollment Application

1452 E. Brown School Road - Maryville, TN 37804

865-984-2221 / www.smgymnastics.com / admin@smgymnastics.com

ATTENTION: Please fill out the following information and return it before you start along with your 1st weeks tuition and Registration Fee payments to hold your spot for the 2024 summer.

Attention: This camp is for Entering Kindergarteners – completed 4th Grade ONLY

Parent or Guardian Information:

Mother's First Name: _____ Mother's Last Name: _____

Mother's Cell Phone: ____ - _____ E-mail: _____

Mother's Work Place: _____ Phone: _____

Father's First Name: _____ Father's Last Name: _____

Father's Cell Phone: ____ - _____ E-mail: _____

Father's Work Place: _____ Phone: _____

Child's Home Address: _____

How are you related to the student(s): Parents Guardians Grandparents Other: _____

If needed please submit any custody information or paperwork.

Emergency Information: In case of an emergency please list 2 emergency contacts. We will always contact you first.

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Physicians Office: _____ Phone: _____

Address: _____

Dentist Office: _____ Phone: _____

Address: _____

In case of an emergency, I would like my child(ren) transported to _____ Hospital for treatment. I give my permission for SMG Classroom of Discovery – Parents Day Out Enrichment Program to care for my child in the case of an emergency. To make whatever emergency measures as judged necessary for the care of my child _____. It is understood that in some medical situations the staff will need to contact emergency resources or another adult to act on my behalf.

Parent Signature: _____ Date: ____/____/20____

First Child's Information:

Child's First Name: _____ Child's Last Name: _____

Child's preferred Name: _____

Date of Birth: ___/___/20___ Age: ___ ___ Male ___ Female

School child attends: _____ Grade in 2023-24: _____

Does your child usually get along with other children: Yes No Please explain how he/she reacts:

Any Daily Medications given: Yes No Please list Medication(s) : _____

Detail any other information you think we should know about your child: _____

Does your child know how to swim by themselves without any assistance: YES NO

Does your child need a float device to help them swim: YES NO

If YES, please provide a quality floating device - Life Jackets or Puddle Jumpers ONLY. Please do not send in any blow-up floats or arm floats.

Pick Up Information: Please inform anyone on this list that they will have to present a photo ID to pick up children. If no Photo ID is presented, child will not be allowed to leave.

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

NOT ALLOWED TO PICK UP CHILDREN:

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Additional Children's Information:

Child's First Name: _____ Child's Last Name: _____

Child's preferred Name: _____

Date of Birth: ____/____/20____ Age: ____ ___ Male ___ Female

School child attends: _____ Grade in 2023-24: _____

Does your child usually get along with other children: Yes No Please explain how he/she reacts:

Any Daily Medications given: Yes No Please list Medication(s) : _____

Detail any other information you think we should know about your child: _____

Does your child know how to swim by themselves without any assistance: YES NO

Does your child need a float device to help them swim: YES NO

If YES, Please provide a quality floating device.

Pick Up Information: Please inform anyone on this list that they will have to present a photo ID to pick up children. If no Photo ID is presented, child will not be allowed to leave.

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

NOT ALLOWED TO PICK UP CHILDREN:

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Summer Camp 2024 Reserved Weeks

Summer Camp weeks must be predetermined. Weeks may be added if space is available.

I am registering my child for the following weeks: **Tuition payment is required regardless of attendance if you sign up that week.** Reservations may be changed to another week if space is available. We must pre plan and prepare for proper staffing, snacks and activity materials. We hope everyone understands the importance of this requirement.

If attending 5 days check all the weeks attending. If attending 3 days circle the days and check the weeks your child will be attending.

IMPORTANT: Camp Hours are from 8:00am – 4:00pm. Extended Hours are 7:30am-6:00pm. You may not switch back and forth. Please sign up for Regular Camp Hours or Extended Care.

1. **June 3 – 7**
M T W R F

2. **June 10 - 14**
M T W R F

3. **June 17 – 21**
M T W R F

4. **June 24 - 28**
M T W R F

5. **July 8 – 12**
M T W R F

6. **July 15 – 19**
M T W R F

7. **July 22- 26**
M T W R F

CAMP HOURS: **8:00am-4pm** **Extended Care 7:30am-6:00pm**

_____ 8:00am-4:00pm; I understand I may not drop my child off before 8am
and must pick up by 4:00pm or I will be charged a daily late fee. **Please Initial.**

Note to Parents:

The total weekly tuition for all reserved weeks or days is due regardless of attendance. You may change your reservation at any time **ONLY** if requested weeks are available.

Child(ren's) Name: _____ 1st Day of camp ____/____/____

Parents Signature: _____ Date: ____/____/20____

Licensing Exemption

As of April 11, 2016, **Smoky Mountain Gymnastics Camp is no longer required to be licensed by the state of Tennessee.** *I understand that the "Summer Day Camp" is not licensed and is not required to be licensed by the state as a childcare agency. This is not childcare. We are a weekly summer day camp.

Parents Signature: _____ Date: ____/____/20____

Release of Liability Waiver:

FOR ANY STUDENT AND PARENT PARTICIPATING IN A GYMNASTICS or SWIMMING ACTIVITY: By the very nature of the activity, gymnastics & Swimming carries a risk of physical injury. No matter how careful the gymnast and the coach are, no matter how many spotters are used, no matter what height is used or what landing equipment, the risk cannot be eliminated. The risk of injuries includes minor injuries, such as bruises, and more serious injuries, such as broken bones, dislocations and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck or head. Gymnastics & Swimming, or any activity that involves motion, rotation, and height in a unique environment, carries with it a reasonable assumption of risk. Smoky Mountain Gymnastics/Perpetual is bound by law to inform all participants and their parents or guardians of the risk involved in the activity of gymnastics. Anyone participating in the Smoky Mountain Gymnastics/Perpetual or Swimming programs (along with those legally responsible for the participant) must sign the notice on the application and must adhere to the safety rules governing the gymnasium. These rules are posted inside and outside the gymnasium, and a copy is sent with every confirmation letter. In consideration for Smoky Mountain Gymnastics/Perpetual and Swimming program acceptance of the applicant, and in consideration of the applicant's opportunity to improve gymnastic skills through the use of the staff, equipment and facilities, those legally responsible for the named enrolling student realize the risk of injury involved and hereby agree to assume the responsibility of such for said student and further agree to save and hold harmless the said school, its employees, and all others concerned, and to indemnify them against loss, intending to be legally bound, our signature is offered below. I hereby grant to Smoky Mountain Gymnastics/Perpetual Motion and/or its legal representatives and assigns, the irrevocable, absolute, and unrestricted right to use and publish the likeness, portraits, photographs, film or videos of my child, or in which my child may be included, for advertising purposes. I hereby release Smoky Mountain Gymnastics/Perpetual and its legal representatives and assigns from all claims, royalties, and liability relating to the use of said likeness, portraits, photographs or films/videos. I have read and agree to the Release & Liability Waiver. I understand that this facility is not required to be licensed by the state of Tennessee.

Parents Signature: _____ Date: ___/___/20___

Payment Policy

1. ALL PAYMENTS ARE TO BE PAID IN FULL ON FRIDAY FOR THE FOLLOWING WEEK. **NO EXCEPTIONS.** Tuition pays for the slot in the camp whether the child is in attendance or not. There is no credit or reduction given due to vacations, illness, or holidays. Camp payments are always paid one week in advance of service.
2. Parents who do not make timely payments on Friday by 6:00pm, or the last day of the week your child attends will be charged a late tuition fee of \$20.00. All late charges are to be paid in full the week they are charged. Late fees are automatically added to your account Monday mornings.
3. Tuition is due regardless if statements are printed and/or distributed.
4. Parents who wish to enroll in our "auto pay" system will receive a \$4 discount on their weekly tuition rates for full time campers and a \$2 weekly discount for part time campers. Void check only.
5. Should your child be dropped from the camp for non-payment of fees, an additional finance charge of 2 percent per month will apply until the balance is paid in full. To re-enroll your child parents/guardians will have to pay all tuitions fees in full including late & finance charges.
6. SMG Summer Camp closes at 4:00 and 6:00pm pm. A late fee of \$20 and \$1.00 per minute will be charged per family for late pick-up starting at 4:01 & 6:01pm. Late fees will be added to the weekly statements. This is a rule regardless of reason.
7. If your check/card or EFT is returned you will have a \$25.00 return check / late fee will apply.

The Perpetual Motion Camp Director reserves the right to send home, or terminate the camper's enrollment, if the camper does not comply with the rules and safety procedures, or if the camper's behavior proves detrimental to the health and safety of our campers, staff, or program. No credits or refunds will be issued if your child is sent home or terminated.

Parents Signature: _____ Date: ___/___/20___

PAYMENT INFORMATION:

<p><u>FEES - DUE BEFORE FIRST DAY OF CAMP</u></p> <p>Tuition: You will be paying for your first week of camp. \$10 discount (First week only) if you sign up before April 30</p> <ul style="list-style-type: none">○ 1st week tuition – Paying 5 or 3 days a week tuition. Be sure to indicate if you will need extended care. <p>Registration & Activities Fee: Price Per Child</p> <ul style="list-style-type: none">○ New Members - \$75○ Current Members - \$50○ If attending 2 weeks or less - \$40 <p>Number of Students: _____ First Weeks Full Tuition Payment: \$ _____ Registration Fee: \$ _____ Total Amount Due: \$ _____</p> <p>Payment Method: Cash / Check / Card / EFT</p>	<p><u>WEEKLY or MONTHLY TUITION</u></p> <p>Camp hours are 8am-4pm Extended Care is 7:30am-6pm</p> <p>5 Days Week \$165 / 2nd Child Discount \$155 Extended Care: 5 Days Week \$185 / Discount \$175</p> <p>3 Days Week \$120 / 2nd Child Discount \$115 Extended Care: 3 Days Week \$135 / 2nd Child Discount \$130</p> <p>**If paying for a complete month of camp (all of June or all of July) then a 10% discount will be applied</p> <p>Circle One: Paying Weekly or Paying Monthly</p> <p>Number of Students: _____</p> <p>Total Amount due Weekly: \$ _____ Total Amount due Monthly: (optional) \$ _____</p> <p>Monthly Payment: Type: Cash / Check / EFT (\$4 DISCOUNT) / Credit Card</p>
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PAYMENT OPTIONS:

CREDIT CARD: A credit card must be placed on file regardless of payment preference

Card Number: _____ - _____ - _____ - _____ Visa / MasterCard / Discovery
Card mailing address: _____ City: _____ Zip: _____
Exp. Date: ____/____/20____ Total Amount Charged Monthly: _____
Name on Card: _____ Charge Card Monthly: Y / N
Signature: _____ Date: _____

EFT: \$4 WEEKLY DISCOUNT:

Please attach a VOID check

<p>Attach VOID check here</p>

CHECKS OR CASH: Payments are due on Friday for the following week. Please make checks payable to Perpetual Motion. Check payments may be dropped in red payment box. Please do not leave cash in drop box, you must get a receipt.