

# Smoky Mountain Summer Retreat @SMG

## Enrollment Application

1452 E. Brown School Road - Maryville, TN 37804

865-984-2221 / [www.smgymnastics.com](http://www.smgymnastics.com) / [admin@smgymnastics.com](mailto:admin@smgymnastics.com)

---

**ATTENTION:** Please fill out the following information and return it before you start along with your 1<sup>st</sup> week's tuition and Registration Fee. You must have all payments and forms to hold your spot for the 2026 summer.

**Attention: This camp is for Entering Kindergarten – 4<sup>th</sup> Graders 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 at least 2 emergency contacts.

We will always contact you first.

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**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, the child will not be allowed to leave.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**ANYONE NOT ALLOWED TO PICK UP CHILDREN:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Emergency Information:**

Physicians Office: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist Office: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**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 2026-27: \_\_\_\_\_

Does your child receive any type of special assistance at school, Have an IEP or 504? Yes No  
Please explain: \_\_\_\_\_

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 blow up arm floats.

**Insurance Information:**

Insurance Company: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

In case of an emergency, I would like my child(ren) transported to \_\_\_\_\_ Hospital for treatment. I give my permission for Perpetual Motion /SMG Summer Day Camp 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\_\_\_\_

## 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 2026-27: \_\_\_\_\_

Does your child receive any type of special assistance at school? Have an IEP or 504? Yes No  
Please explain: \_\_\_\_\_

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.

## Insurance Information:

Insurance Company: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

In case of an emergency, I would like my child(ren) transported to \_\_\_\_\_ Hospital for treatment. I give my permission for Perpetual Motion /SMG Summer Day Camp 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\_\_\_\_

# Summer Camp 2026 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. You can not drop weeks after you pay your registration fee.** 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 1 – 5**

M T W R F

2. ☐ **June 8 - 12**

M T W R F

3. ☐ **June 15 – 19**

M T W R F

4. ☐ **June 22 - 26**

M T W R F

5. ☐ **July 6 - 10**

M T W R F

6. ☐ **July 13 - 17**

M T W R F

7. ☐ **July 20 - 24**

M T W R F

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

\_\_\_\_\_ 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 above**

## **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, you may not drop any weeks for a refund or credit.**

Child(ren's) Name: \_\_\_\_\_ 1st Day of camp \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **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 daycare. We are a weekly summer day camp.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **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: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **Payment Policy**

Payment method preferred: Auto pay via credit or debit card / void check (\$4 weekly discount). Checks, cash, or money order are also accepted.

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 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. This includes 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 tuition fees in full including late & finance charges.

6. SMG Summer Camp closes at 4:00 and 6:00pm. 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 applied.

**If paying for a complete month of camp (all of June or all of July) then a 10% discount will be applied**

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_

## **PAYMENT INFORMATION:**

<b><u>FEES - DUE BEFORE FIRST DAY OF CAMP</u></b>	<b><u>WEEKLY TUITION</u></b>
<b><u>Registration Fee &amp; 1st weeks tuition</u></b>	<b>Camp hours are 8am-4pm Extended Care is 7:30am-6pm</b>
1 <sup>st</sup> week tuition – Paying 5 or 3 days a week tuition. Be sure to indicate if you will need extended care. Prices are listed in the next column. \$10 discount ( <b><u>First week only</u></b> ) if you sign up before April 15	5 Days Week \$185 / 2 <sup>nd</sup> Child Discount \$170 Extended Care:
	5 Days Week \$200 / 2 <sup>nd</sup> Child Discount \$180
	3 Days Week \$135 / 2 <sup>nd</sup> Child Discount \$125 Extended Care:
	3 Days Week \$150 / 2 <sup>nd</sup> Child Discount \$140
Registration & Activities Fee: Price Per Child	<b>*If paying for the complete summer or all weeks attending then a 10% discount will be applied</b>
<ul style="list-style-type: none"><li>• New Members - \$95 / 2nd child \$85</li><li>• Current Members - \$75 / 2nd child \$65</li><li>• If attending 2 weeks or less - \$40</li></ul>	<b><u>Weekly Payments:</u></b> Billed your 2nd week of Camp and going forward
Number of weeks attending: _____	1st child's Weekly Tuition: \$ _____
Registration & Activities Fee: \$ _____ 1st child	2nd child's Weekly Tuition: \$ _____
Registration & Activities Fee: \$ _____ 2nd child	Total Amount due Weekly: \$ _____
1st child's First Weeks Tuition: \$ _____ _____ Extended Care	Payment Method Circle One: Cash / Check / Credit Card / EFT (void check)
2nd child's First Weeks Tuition: \$ _____ _____ Extended Care	<b><u>Full Payment for Summer:</u></b> 10% discount will be applied in office and will be charged your 2nd week of camp
Total Due: \$ _____ \$10 Discount _____	Full Summer payment: 1st child \$ _____
Payment Method Circle One: Cash / Check / Credit Card / EFT (void check)	Full Summer payment: 2nd child \$ _____
	Payment Method Circle One: Cash / Check / Credit Card / EFT (void check)

I understand that I have a weekly obligation to pay my summer camp tuition on its due date for the weeks I have signed up for. I understand this tuition is due regardless of attendance for the weeks I have signed up for

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_



Child's Name: \_\_\_\_\_

**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\_\_\_\_ Name on Card: \_\_\_\_\_

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

**EFT: \$4 WEEKLY DISCOUNT:**

Please attach a VOID check

**Attach VOID check here**

\_\_\_\_\_ I will be paying weekly with a CHECK. I understand this is due on Fridays or the last day my child attends for the week for the next week. Late fee applied Monday at 6pm.

\_\_\_\_\_ I will be paying weekly with CASH. I understand this is due on Fridays or the last day my child attends for the week for the next week. Late fee applied Monday at 6pm.

**CHECKS OR CASH:** Payments are due on Friday for the following week. Please make checks payable to Perpetual Motion. Payments may be made in the gymnastics lobby located across from the camp drop off/pick up room.

**\*Regardless of payment type. Parents must leave a credit card on file**