



GEORGIA GYMNASTICS ACADEMY / SUWANEE

Camp Policy / Procedure

145 Old Peachtree Rd., Suwanee, GA 30024

OVERVIEW

Georgia Gymnastics Academy day camps are held throughout the Summer and during designated school holidays throughout the school year. Day Camps run from 9:00am to 5:00pm for boys and girls ages 5 to 12. Campers in this age group may attend ½ day, 9:00am to 1:00pm or full day, 9:00am to 5:00pm. Boys and girls age 4 are allowed to attend camp from 9:00am to 1:00pm for a total of 8 hours per week. Early drop off and late pick up is available as explained below. Camp activities include gymnastics instructions, table games, floor games, puzzles, coloring, limited movie time, and supervised open work out.

LUNCH AND SNACKS

Half day campers are required to bring a mid-morning snack and drink, as well as a sack lunch. Full day campers are required to bring a mid-morning snack and drink, a sack lunch and an afternoon snack. Campers also have access to a drink/vending machine, a snack/vending machine and water fountain.

EARLY DROP OFF / LATE PICK UP / PENALTY FEES

Campers age 5 to 12 have access to early drop off at 8:30am and late pick up at 5:30pm for no extra charge. GGA cannot be responsible for your child past the extended 5:30pm pick up time. There will be a "late pick up" fee of \$15 per the first ¼ hour, and \$25 for every ¼ hour beyond the conclusion of camp.

PAYMENT INFORMATION

Campers must pre-register and pay in full 1 week prior to attending. Walk-ins are ONLY ACCEPTED when space is available. Payment can be made by cash, Visa/MasterCard, money order or personal check (made payable to GEORGIA GYMNASTICS ACADEMY).

DISCIPLINE

Camp groups are divided into a max of 7 children to 1 instructor for ages 4 through 6, and 9 children to 1 instructor for campers age 6 and up. If a camper misbehavior is found to monopolize the attention of an instructor from the remainder of the group, that camper will receive a verbal warning. The second and third offense will result in a time out. A fourth offense will result in a phone call to the parent at which time the parent will be required to pick up the child. GGA will not tolerate bullying of any kind. If any form of bullying is suspected, the parent will be called to pick up the child.

INCLEMENT WEATHER

Please check our website, Facebook or voicemail for closing notices during inclement weather.

NOTICE OF EXEMPTION

Georgia Gymnastics Academy, Inc. is NOT a Licensed Child Care Facility. This program is NOT required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from State Licensure requirements.

Parent or Legal Guardian's Signature: _____

Date: _____

GEORGIA GYMNASTICS ACADEMY

MEDICAL RELEASE FORM

Student's Name: _____ DOB: _____ Age: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Mother's Name: _____ Father's Name: _____

Any intolerance/allergy to food or medications? _____

Please elaborate: _____

Does the child have any medical conditions we should be aware of? _____

Please elaborate: _____

Fill out the following information so we may contact you quickly in the event of an emergency:

Who to call if parents cannot be reached:

Name/Relation: _____ Phone #: (____) _____ - _____

Child's Doctor's Name: _____ Phone #: (____) _____ - _____

Medical Insurance Company: _____ Policy # _____

ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY AND MEDICAL RELEASE:

As parent/legal guardian of _____, I hereby consent to the above person participating in the GEORGIA GYMNASTICS ACADEMY, Inc.'s programs. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including gymnastics. I also realize that my child will be performing and training on all gymnastics events plus various other training devices including trampoline.

I understand that is the express intent of GEORGIA GYMNASTICS ACADEMY, INC. to provide for the safety and protection of my child and, in consideration for allowing my child to use these facilities, I hereby release GEORGIA GYMNASTICS ACADEMY, INC., it's officers, employees, teachers, and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of GEORGIA GYMNASTICS ACADEMY, INC.

I specifically appoint GEORGIA GYMNASTICS ACADEMY, INC. to authorize emergency medical treatment for my child _____, to execute consent orders or other documents for any medical procedure which is required to save the life of _____, or to prevent a deterioration of any existing or new medical condition, or to stabilize any medical condition which may or may not deteriorate, as fully as I could if I were present. This acknowledgement of risk, waiver of liability, and medical release having been read thoroughly and understood completely, is signed voluntarily as to its content and intend.

Parent or Legal Guardian's Signature: _____

Date: _____