**2021 SMG Summer Day Camp — Enrollment Application**

**1452 E. Brown School Road - Maryville, TN. 37804**

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

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**ATTENTION: Please fill out the following information and return it before you start, along with your**

**Registration, First weeks tuition & Weekly deposit payments to hold your spot for the 2020 summer.**

**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 anther adult to act on my behalf.

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_/\_\_\_\_/20\_\_\_\_

**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 2021-22: \_\_\_\_\_\_\_\_\_

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 2020-21: \_\_\_\_\_\_\_\_\_

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 2020 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. Reservations may be changed to another week if space is available. We must pre plan and prepare for proper staffing, food and activity materials. We hope everyone understands the importance of this requirement.

**Please check the week #s and circle the days your child will be at camp. Minimum 3 days/week**

**1. □ May 24 - 28 2. □ June 1 - 4 3. □ June 7 - 11**

M T W R F T W R F M T W R F

**4. □ June 14 - 18 5. □ June 21 - 25 6. □ June 28 – July 2**

M T W R F M T W R F M T W R F

**7. □ July 6 - 9 8. □ July 12 - 16 9. □ July 19 - 23**

T W R F M T W R F M T W R F

**10. □ July 26 - 30**

M T W R F

**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 if requested weeks are available.**

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Intended 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 OR BEFORE FRIDAY. **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 $10.00. 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 whether or not 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.

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. In order 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 6:00 pm. A late fee of $10 and $1.00 per minute will be charged per family for late pick-up. Late fees will be added to the weekly statements. This is a rule regardless of reason.

7. If your check 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:**

|  |  |
| --- | --- |
| **FEES - DUE BEFORE FIRST DAY OF CAMP**  Registration Fee: $50 Family  Weekly Deposit Fee: $20 per week / per child  First Weeks Full Payment: $\_\_\_\_\_\_\_  Do not include weekly deposit for first week. You are paying for the first week in full. Deposit start 2nd week you attend.  Number of children \_\_\_\_\_ Number of Weeks Attending \_\_\_\_\_  Total Amount Due: $ \_\_\_\_\_\_    First Month payment: Cash / Check / Card | **WEEKLY TUITION**  5 Days Week - $150 / Sibling Discount $140  3 Days Week $120 / Sibling Discount $115  Number of children\_\_\_\_\_\_  Total Amount due Weekly: $\_\_\_\_\_\_\_\_\_\_  Monthly Payment: Type:  Cash / Check EFT ($4 DISCOUNT) / Credit Card |

**PAYMENT OPTIONS:**

**CREDIT CARD:**

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 MONTHLY DISCOUNT:**

Please attach a VOID check

|  |
| --- |
| **Attach VOID check here** |

**CHECKS OR CASH:**

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 have a receipt.

**Smoky Mountain Gymnastics Classes**

**Gymnastics Classes for Summer 2021**

We Would like to offer a Weekly Gymnastics class for your summer camp student(s) here at SMG. This will give your child(ren) an opportunity to have a structured class taught by one of our certified coaches. These classes will be held at 4:30 Tuesday, Wednesday or Thursday. Classes will be $12(1 class per week) or $24(2 classes per week) and added to your weekly Summer Camp tuition. You may begin classes at anytime throughout the summer. To stop classes please give a 2 weeks notice.                                                                                                                              If you are interested in taking a weekly Gymnastics class or would like to switch to this time please fill out the following form and return to SMG.

-------------------------------------------------------------------------------------------------------------

Childs Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_My child is currently enrolled and would like to switch classes

\_\_\_\_We are not currently enrolled at SMG for Gymnastics classes

Times:                                                                                                                           We may adjust your time according to your child’s age & ability. Please list your preferred time and number of days. Please circle time that you would like to attend.

\_\_\_Tuesday – Gymnastics 4:30 / 5:30

\_\_\_Monday – Tumbling 5:30

\_\_\_Thursday – Gymnastics 4:30 / 5:30

Number of days per week \_\_\_\_

I understand that I am signing my child up for weekly gymnastics classes at SMG. I understand that I am responsible for the weekly gymnastics tuition added to my summer camp tuition. I am giving my child permission to be signed out of their classroom once a week by their coach. I understand that I will pick my child up form the gym at 5:25 or from their classroom after 5:30.

Please start my Gymnastics Classes on \_\_\_/\_\_\_/2020

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