

# BOXBOROUGH GYMNASTICS CENTER'S SUMMER FUN DAYS

Come spend your Summer Vacation with us! BGC offers both half day (9:00-12:00) or full day (9:00-3:30). Participants may register for 3 days or 5 days per week. Drop off may begin at 8:30am for no additional charge. Extended care options are available from 3:30-5:00pm. Children will enjoy games, arts and crafts, open gym, structured gymnastics, optional movie time, popsicle breaks, obstacle courses and moon bounces! Don't miss out on our new theme weeks!

- Children ages 4+ (must be potty trained)
- Full day participants must bring one nut free snack & a nut free lunch
- Half day participants will need to bring one nut free snack only
- Space is **very limited** per week – early enrollment is encouraged!
- There will be **no** refunds once your spot has been reserved.
- Payment is due at the time of registration to secure your spot.

## Week 1 - 7/8-7/12

Gymnastics Galore Week

## Week 2 - 7/15-7/19

Gymnastics Galore Week

Kids will enjoy a visit from the Kona Ice truck this week!

## Week 3 – 7/22-7/26

Create Art Week

Unleash your inner artist! Along with tons of gymnastics, we will work on various arts and crafts throughout the week. To help kick off Create Art we will have CLAYTIME SHREWSBURY visiting on Monday for pottery painting. Finished Pottery will be dropped off at the gym by Friday.

## Week 4 – 7/29-8/2

Wacky Olympics Week

We will be holding BGC's first Wacky Olympics. Participate in our games and see how many prizes and medals you can collect!

## Week 5 – 8/5-8/9

Create Art Week

Unleash your inner artist! Along with lots of gymnastics, we will work on various arts and crafts throughout the week.

## Week 6 – 8/12-8/16

Animal Week

This week we will have a special visit from a Mini Traveling Animal Farm. Baby goats, chicks, bunnies, and more!!

## Week 7 – 8/19-8/23

Endless Summer Week

Kids will enjoy a visit from the Kona Ice truck this week!

### **To Register:**

1. Fill out waiver. (If not already on file)
2. Choose Half Day 9:00-12:00 or Full Day 9:00-3:30
3. Choose 3-day or 5-day week
4. Choose your extended care options if needed.
5. Return all forms with payment to BGC's staff, lockbox outside office, or by mail.



**Child's Name #1** \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
 Concerns/Medical Issues/Allergies \_\_\_\_\_  
**Child's Name #2** \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
 Concerns/Medical Issues/Allergies \_\_\_\_\_  
**Child's Name #3** \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
 Concerns/Medical Issues/Allergies \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ **Relation** \_\_\_\_\_  
 Cell phone \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**OPTIONAL Parent/Guardian Name #2** \_\_\_\_\_ **Relation** \_\_\_\_\_  
 Cell phone \_\_\_\_\_ Email \_\_\_\_\_

**USE OF IMAGES/NAME IDENTIFICATION** – I authorize Boxborough Fitness and Gymnastics, INC (known as BGC) to take and use images and videos in print and/or on the internet of me and/or my child and/or ward, both with and without name identification, for BGC’s publicity, promotional and advertising purposes. I release any and all claims and/or rights I and/or my child and/or my ward might have as a result of posting said videos and/or photos.

*Parent/Guardian Signature* \_\_\_\_\_

**RELEASE OF LIABILITY/INDEMNITY FOR PERSONAL INJURY** - release BGC, it's owners, instructors, employees, agents and servants, from any and all liability for personal injury to me and/or my child and/or ward as the result of any negligence arising out of or in the course of or in any way related to my or my child's use of the facilities, equipment, apparatus or premises of BGC and/or my or my child's participation in any class, program, competition or other event organized, run and/or sponsored by BGC, whether at its facilities or elsewhere. On behalf of myself and my child and/or ward, I agree to indemnify and hold harmless the said BGC and its owners, operators, instructors, employees, agents and servants from any and all claims, damages, demands, costs, expenses and compensation arising out of or in the course of or in any way related to any personal injury to me or my child.

*Parent/Guardian Signature* \_\_\_\_\_

**MEDICAL AUTHORIZATION** – I authorize Boxborough Fitness and Gymnastics (BGC) to transport my child and/or ward to a doctor, hospital or other health care facility and to act in my place to obtain medical or hospital treatment.

*Parent/Guardian Signature* \_\_\_\_\_

**ACKNOWLEDGEMENT OF ACTIVITY RISKS** - I acknowledge my understanding and acceptance of the following: 1. that the activities offered by BGC include active sports which can result in injury to participants and/or spectators; 2. that BGC provides an observation area and that I have the option to remain in the observation area while my child and/or ward is in a class, working out or performing; 3. that in the event I choose to leave my child and/or ward before, during or after a class, workout or a performance, I hereby give BGC my permission to use its discretion in determining whether my child and/or ward requires medical attention and, if so, to use its discretion in transporting my child and/or ward, selecting a health care facility and obtaining treatment for him/her; 4. that in my absence BGC does NOT assume any responsibility for the care, custody, control, condition, health or well-being of my child and/or ward.

*Parent/Guardian Signature* \_\_\_\_\_

By signing below, I certify that I have read and agree with the above AUTHORIZATIONS, RELEASES AND ACKNOWLEDGEMENTS.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Membership/Insurance fee: (Non-refundable: Valid through 7/31/2020) \$45/child \$60/family. Please make checks payable to Boxborough Gymnastics Center)

Fun Day Participant: \_\_\_\_\_ Age: \_\_\_\_\_

**GYMNASTICS GALORE**

Week 1                      7/8-7/12  
\_\_\_ 5 days Full Day                      \$385.00  
\_\_\_ 5 days 1/2 Day                      \$230.00  
\_\_\_ 3 days Full Day                      \$240.00                      Circle Days: M T W Th F  
\_\_\_ 3 days 1/2 Day                      \$165.00                      Circle Days: M T W Th F  
\_\_\_ Extended Care PM                      \$65 for 3 days                      \$100 for 5 days

**GYMNASTICS GALORE WEEK**  
**\*MONDAY – KONA ICE TRUCK VISIT**

Week 2                      7/15-7/19  
\_\_\_ 5 days Full Day                      \$385.00  
\_\_\_ 5 days 1/2 Day                      \$230.00  
\_\_\_ 3 days Full Day                      \$240.00                      Circle Days: M T W Th F  
\_\_\_ 3 days 1/2 Day                      \$165.00                      Circle Days: M T W Th F  
\_\_\_ Extended Care PM                      \$65 for 3 days                      \$100 for 5 days

**CREATE ART WEEK**  
**\*MONDAY – CLAYTIME SHREWSBURY VISIT**

Week 3                      7/22-7/19  
\_\_\_ 5 days Full Day                      \$395.00  
\_\_\_ 5 days 1/2 Day                      \$230.00  
\_\_\_ 3 days Full Day                      \$250.00                      Circle Days: M T W Th F  
\_\_\_ 3 days 1/2 Day                      \$165.00                      Circle Days: M T W Th F  
\_\_\_ Extended Care PM                      \$65 for 3 days                      \$100 for 5 days

**WACKY OLYMPICS WEEK**  
Week 4                      7/29-8/2  
\_\_\_ 5 days Full Day                      \$385.00  
\_\_\_ 5 days 1/2 Day                      \$230.00  
\_\_\_ 3 days Full Day                      \$240.00                      Circle Days: M T W Th F  
\_\_\_ 3 days 1/2 Day                      \$165.00                      Circle Days: M T W Th F  
\_\_\_ Extended Care PM                      \$65 for 3 days                      \$100 for 5 days

**CREATE ART WEEK**  
\_\_\_ 5 days Full Day                      \$385.00  
\_\_\_ 5 days 1/2 Day                      \$230.00  
\_\_\_ 3 days Full Day                      \$240.00                      Circle Days: M T W Th F  
\_\_\_ 3 days 1/2 Day                      \$165.00                      Circle Days: M T W Th F  
\_\_\_ Extended Care PM                      \$65 for 3 days                      \$100 for 5 days

**ANIMAL WEEK**  
**\*TUESDAY – ANIMAL FARM VISIT**

Week 6                      8/12-8/16  
\_\_\_ 5 days Full Day                      \$395.00  
\_\_\_ 5 days 1/2 Day                      \$230.00  
\_\_\_ 3 days Full Day                      \$240.00                      Circle Days: M T W Th F  
\_\_\_ 3 days 1/2 Day                      \$165.00                      Circle Days: M T W Th F  
\_\_\_ Extended Care PM                      \$65 for 3 days                      \$100 for 5 days

**ENDLESS SUMMER WEEK**  
**\*MONDAY – KONA ICE TRUCK VISIT**

Week 7                      8/19-8/23  
\_\_\_ 5 days Full Day                      \$385.00  
\_\_\_ 5 days 1/2 Day                      \$230.00  
\_\_\_ 3 days Full Day                      \$240.00                      Circle Days: M T W Th F  
\_\_\_ 3 days 1/2 Day                      \$165.00                      Circle Days: M T W Th F  
\_\_\_ Extended Care PM                      \$65 for 3 days                      \$100 for 5 days

PLEASE FILL OUT PAYMENT PAGE ON REVERSE SIDE

**Select Payment Method:**

Check (please attach) \_\_\_\_\_

Cash (please attach) \_\_\_\_\_

Credit/Debit \_\_\_\_\_

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**CREDIT/DEBIT CARD PAYMENT INFORMATION:**

Charge saved card on Parent Portal Account \_\_\_ (no need to fill out below just signature)

**OR**

New card \_\_\_ (please fill out below)

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

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

Card Number: \_\_\_\_\_ EXP: \_\_\_\_\_ CVC: \_\_\_\_\_

Street: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

**Total:** \_\_\_\_\_