

# GYMNASTICS CAMP

Program is held at the Academy Gym Monday-Friday according to the following schedule

LEVEL	SESSION	DATES	DAYS	TIME	
Level 3-9; Xcel Silver, Gold, Platinum	Session 1	June 29-July 2	Mon.-Thurs.	8:45-11:45 a.m.	<b>No Camp July 3</b>
Level 3-9; Xcel Silver, Gold, Platinum	Session 2	July 6-10	Mon.-Fri.	8:45-11:45 a.m.	
Level 3-9; Xcel Silver, Gold, Platinum	Session 3	July 13-17	Mon.-Fri.	8:45-11:45 a.m.	
Level 3-9; Xcel Silver, Gold, Platinum	Session 4	July 20-24	Mon.-Fri.	8:45-11:45 a.m.	
Level 3-9; Xcel Silver, Gold, Platinum	Session 5	July 27-31	Mon.-Fri.	8:45-11:45 a.m.	
Level 3-9; Xcel Silver, Gold, Platinum	Session 6	Aug. 3-7	Mon.-Fri.	8:45-11:45 a.m.	
Level 3-9; Xcel Silver, Gold, Platinum	Session 7	Aug10-14	Mon.-Fri.	8:45-11:45 a.m.	

LEVEL	SESSION	DATES	DAYS	TIME	
Level 2; Xcel Bronze	Session 1	June 29-July 2	Mon.-Thurs.	12:15-3:15 p.m.	<b>No Camp July 3</b>
Level 2; Xcel Bronze	Session 2	July 6-10	Mon.-Fri.	12:15-3:15 p.m.	
Level 2; Xcel Bronze	Session 3	July 13-17	Mon.-Fri.	12:15-3:15 p.m.	
Level 2; Xcel Bronze	Session 4	July 20-24	Mon.-Fri.	12:15-3:15 p.m.	
Level 2; Xcel Bronze	Session 5	July 27-31	Mon.-Fri.	12:15-3:15 p.m.	
Level 2; Xcel Bronze	Session 6	Aug. 3-7	Mon.-Fri.	12:15-3:15 p.m.	
Level 2; Xcel Bronze	Session 7	Aug. 10-14	Mon.-Fri.	12:15-3:15 p.m.	

LESSON LEVEL	SESSION	DATE	DAYS	TIME	
<b>Lesson Levels: Beginner; Advanced USAG Pre Level I and Intermediate USAG Level I meet 12:15-3:15</b>					

Lessons – All Levels	Session 1	June 29-July 2	Mon.-Thurs.	12:15-3:15 p.m.	<b>No Camp July 3</b>
Lessons – All Levels	Session 2	July 6-10	Mon.-Fri.	12:15-3:15 p.m.	
Lessons – All Levels	Session 3	July 13-17	Mon.-Fri.	12:15-3:15 p.m.	
Lessons – All Levels	Session 4	July 20-24	Mon.-Fri.	12:15-3:15 p.m.	
Lessons – All Levels	Session 5	July 27-31	Mon.-Fri.	12:15-3:15 p.m.	
Lessons – All Levels	Session 6	Aug. 3-7	Mon.-Fri.	12:15-3:15 p.m.	
Lessons – All Levels	Session 7	Aug. 10-14	Mon.-Fri.	12:15-3:15 p.m.	

## REMINDERS:

- A child may only attend during the session/time that they are registered for!
- Dress in a leotard or shorts and t-shirt.
- **Child Information/Emergency Consent Form:**  
Complete the Child Information Emergency Consent Form and send it with your child on their first day of Gymnastics Camp. In order to better accommodate your child, please make us aware of any special needs he/she may have. Please see Gymnastics Director to discuss any concerns you may have. (Note: The Parks & Recreation Department should be notified **in advance** if your child will require any special accommodations)
- **Snack:**  
Snack is not provided, however you should send one with your child. In an attempt to make our environment as safe as possible for those children with serious and often life threatening food allergies, we require each child consume only the food and snacks he/she brings to the program each day. Staff will enforce strict "no food trading/sharing" rules. Instruct your child not to touch, trade or share food with anyone else. Table surfaces will be cleaned and children will wash their hands after snack.
- **Late Pick-Up Fee:**  
It is important you pick your child up promptly at 11:45 a.m. or 3:15 p.m. Please be advised that Staff is not available to supervise children after the program ends. Many have other commitments and/or jobs they need to get to. The Parks & Recreation Department reserves the right to charge a **\$15 late fee** to parents picking children up **after 11:55** for the a.m. session and **after 3:25** for the p.m. session. The staff member left to wait with your child will be responsible for collecting the fee. Children who have not been picked up by the time the building closes may need to be brought to the Parks & Recreation Office or Glastonbury Police Department.

Thank you for your anticipated cooperation.

For more information, contact the Parks & Recreation Office at 860-652-7679.

GLASTONBURY PARKS AND RECREATION DEPARTMENT  
**GYMNASTICS CAMP**  
CHILD INFORMATION/EMERGENCY CONSENT FORM

This form will provide Parks & Recreation staff with the information needed to care for your child in the event of an emergency. For your child's safety and protection, it **MUST** be completed and returned with him/her on their first day of attendance at the program.

**ANY CHILD THAT ARRIVES WITHOUT A COMPLETED FORM WILL BE SENT HOME. THEY MAY RETURN WHEN THE FORM IS COMPLETED AND ON FILE.**

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone \_\_\_\_\_

**LESSONS** (Check off Sessions attending):

Session 1 \_\_\_\_\_ (June 29-July 2)      Session 5 \_\_\_\_\_ (July 27-31)  
Session 2 \_\_\_\_\_ (July 6-10)      Session 6 \_\_\_\_\_ (Aug. 3-7)  
Session 3 \_\_\_\_\_ (July 13-17)      Session 7 \_\_\_\_\_ (Aug. 10-14)  
Session 4 \_\_\_\_\_ (July 20-24)

**TEAM** (Check off Sessions attending)

Session 1 \_\_\_\_\_ (June 29-July 2)      Session 5 \_\_\_\_\_ (July 27-31)  
Session 2 \_\_\_\_\_ (July 6-10)      Session 6 \_\_\_\_\_ (Aug. 3-7)  
Session 3 \_\_\_\_\_ (July 13-17)      Session 7 \_\_\_\_\_ (Aug. 10-14)  
Session 4 \_\_\_\_\_ (July 20-24)

**PARENT/GUARDIAN INFORMATION**

Please provide us the name of the Parent/Guardian and where they may be **REACHED** during the program hours in case of a problem and/or emergency.

1) Mother/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Employer \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_

2) Father/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Employer \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_

**SPECIAL NEEDS**

In order to better accommodate your child, please make us aware of any special needs he/she may have. Please see Gymnastics Director to discuss any concerns you may have. (Note: The Parks & Recreation Department should be notified **IN ADVANCE** if your child will require any special accommodations)

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**OTHER INFORMATION**

Use this space for any additional information that you feel might be helpful to the staff working with your child.

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(CONTINUED ON BACK)

CHILD'S NAME: \_\_\_\_\_

**EMERGENCY STATEMENT**

If in the opinion of the Parks & Recreation program Staff, emergency transportation to a hospital is required, 911 will be called. Should emergency transportation to a hospital be required, it will be coordinated by Emergency Medical Services (EMS). Parents/Guardians will be notified by the numbers provided under the "Parent/Guardian Information" on the front of this form, as soon as possible. If a child is transported by ambulance, a staff member will accompany them until a Parent/Guardian arrives at the hospital.

**MEDICATION AT CAMP**

If your child is on any medication or requires medication in the event of an emergency (i.e. food allergy, asthma etc.) **YOU** must obtain and complete an **Authorization For Administration of Medication** form **prior to the start of the program**. Forms are available at Parks & Recreation Office or from our website ([www.glastonbury-ct.gov](http://www.glastonbury-ct.gov)) Click parks & recreation website, downloadable forms, medication).

Does your child required medication at camp?                       Yes                       No

**MEDICAL INFORMATION**

This information is needed to care for your child in the event of an emergency

Medical History: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

All Medications Currently Taking: \_\_\_\_\_  
(Include Medications taken at home)

**EMERGENCY/OTHER CONTACTS**

Please provide us the name of person(s) you want us to contact in the event the Parent/Guardian cannot be reached. Every effort will be made to contact parent/Guardians first but if you cannot be reached the following will be contacted. Be sure to provide phone numbers where the people may be **REACHED** during the day.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Day Phone: \_\_\_\_\_

In an emergency, I give permission for the above person to assume temporary care and to provide transportation for my child if we, the Parent/Guardian(s) cannot be notified.  
 Yes     No

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Day Phone: \_\_\_\_\_

In an emergency, I give permission for the above person to assume temporary care and to provide transportation for my child if we, the Parent/Guardian(s) cannot be notified.  
 Yes     No

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

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