

Concho Valley Gymnastics

101 N. Oakes St. San Angelo, TX 76903 Phone: (325) 482-8878 conchovalleygymnastics.com

Summer Camp 2025 Ages 5-11yrs.

Camper Information:

Camper's Name: _____ Age: _____ DOB: _____ M / F

Mailing Address: _____ E-Mail Address: _____

City/State: _____ Zip: _____ Home # _____

Mother's Name: _____ Work #: _____ Cell#: _____

Father's Name: _____ Work #: _____ Cell #: _____

Emergency Contact (other than parent, we will contact parents first): _____ Cell #: _____

Medical Information:

Please list any medical conditions your child has which we should be alerted to?

Child's Physician: _____

Medical Insurance Company _____ Policy #: _____

I would like my child to attend camp during these weeks:

___ WEEK 1 (May 28th-30th) ___ WEEK 2 (June 2nd - 6th) ___ WEEK 3 (June 9th - 13th) ___ WEEK 4 (June 16th - 20th)

___ WEEK 5 (June 23rd - 27th) ___ WEEK 6 (June 30th - July 3rd) ___ WEEK 7 (July 7th - 11th) ___ WEEK 8 (July 14th - 18th)

___ WEEK 9 (July 21st - 25th) ___ WEEK 10 (July 28th - Aug 1st) ___ WEEK 11 (Aug 4th - 8th)

***Bring a lunch daily**

Camp Day: ___ 7:30am - 3pm (\$150/week) **OR** ___ 7:30am - 5:30pm (\$170/week)

Initial Below:

Acknowledgment of Risk, Waiver of Liability and Media Consent

_____ You agree that you are aware that your child named below will be engaging in physical exercise involving various sports, coordination events, and fitness training which could cause injury to them. You agree that your child is voluntarily participating in these activities and is assuming all risks of injury that may result. You hereby agree to waive any claims or rights that you might otherwise have to sue Concho Valley Gymnastics, its employees, owners, officers or agents for injuries that may occur as a result of these activities. We will make no evaluation or recommendation whether your child is physically fit for any exercise activity. If your child has any physical condition that may impair their ability to engage in these activities, it is your responsibility to obtain a physician's statement describing any limitations to participate in this program. It is always advisable to consult your physician prior to undertaking any physical exercise program. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent. I give permission for Concho Valley Gymnastics to use photos/videos of my child on CVG Website, Facebook page or other CVG advertisements displaying the fun and excitement of CVG.

_____ I understand that the balance for each week is due the Friday before each week my child attends camp. I also understand that my child's space is NOT RESERVED until a \$15 deposit is paid for each week my child will be attending camp. My Child will lose their spot and deposit if the balance is not paid in full by the Friday before each week of camp. This deposit goes towards your balance each week but is **NONREFUNDABLE and NON-TRANSFERABLE to another week after May 21st**. We do NOT prorate for partial-week attendance.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

For Office Use ONLY: Deposit: _____ Ck#: _____ Date Paid: _____ Balance due for 1st week: _____

Concho Valley Gymnastics Summer Camp
Authorization for Pick-up

Camper Name: _____

Please list individuals including parent/guardians who are authorized to pick-up your child from summer camp. #1 should be the person who will pick-up your camper the most.

1.) Name: _____

Relationship to camper: _____

Make & Model of vehicle _____

Color of vehicle _____

2.) Name: _____

Relationship to camper: _____

Make & Model of vehicle _____

Color of vehicle _____

3.) Name: _____

Relationship to camper: _____

Make & Model of vehicle _____

Color of vehicle _____

**** Are there any individuals who are **ABSOLUTELY NOT ALLOWED** to pick-up your child because of a court-order, or other situation.**

Yes No

If yes, please list:

1.) _____

relationship to camper: _____

Parent/Guardian Signature _____

Date: _____

Print Name: _____



Concho Valley Gymnastics

CONSENT FORM & MEDICAL INFORMATION

Student Name:			
Address:			
Date of Birth:			
Home Phone No.			
Mother's/Guardian's Name:		Contact ph#	
Father's/Guardian's Name:		Contact ph#.	

Other Emergency Contact:		Relationship	
Home #:	Work #:	Cell #	

Medical Information:	
Medical Insurance Co.	Policy No:

Medical Conditions Please check below:

- Asthma
- Epilepsy
- Heart Condition
- Diabetes
- ADHD
- Migraine
- Other: _____
- No known medical conditions

Allergies:

Is your child allergic to:

- Penicillan
- Other medications: _____
- Peauts
- Dairy
- Other foods: _____
- Bee stings
- No known alleriges

How should these allergies be handled if an outbreak occurs:

Camper Name: _____

Medications:

Is your child taking medications on a daily basis that will need to be administered at camp?

- Yes
- No

If Yes, what medication _____

Medical condition: _____

*For our staff to be able to administer medication at camp, the medication must come in the original bottle with label of camper's name, medication name and dosage instructions.

Swimming Ability:

- Cannot swim – needs life jacket or floaties at ALL times
- Weak swimmer – needs to stay in shallow end if no life jacket, or deep end with life jacket
- Strong Swimmer – can swim in deep end without life jacket or floaties

Permission:
As a parent/guardian of (camper name) : _____
I am aware of the program and agree to my son/daughter's participation in all the activities listed in the program.
I understand that the staff will endeavor to contact me in an emergency. If I am unable to be contacted I authorize the staff to obtain medical assistance which they deem necessary should an accident or illness occur. I agree to pay all medical, ambulance and pharmaceutical expenses incurred on behalf of my camper. <i>I acknowledge that while the camp, it's staff, associated instructors and volunteers will make every reasonable effort to minimize exposure to known risks; all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of the camp, its staff, volunteers and associated instructors. I agree to waive any claims of liability that may arise against any Concho Valley Gymnastics personnel relative to the above.</i>

Name:	Date:
Signature:	