

Martin Luther King JR camp

*I have
a dream...*



Monday,
January 20th



**Off from school?
Come spend the day with Ricochets!**

We are sure to have a blast with this exciting day full of activities including:
Games - Gymnastics - Arts & Crafts - Fitness - Open Gym - & More!

Who: Girls & Boys ages 3+ (must be potty trained)

Time: 10:00am – 3:00pm (extended care available up to 2hours before/after camp)

Cost: \$55 for members; \$65 for non-members. Extended Care \$8/hour.

Attire: Socks are required. Any hair that is long enough to touch the gymnast's eye should be securely tied up. A leotard is not required, although is perfectly acceptable. Clothing comfortable for movement should be worn. Jewelry is limited to STUD earrings. Medical alert bracelets are acceptable.

Food: Please bring a bagged lunch. Please provide an extra snack if your child is staying for extended care.

Cancellation Policy: 50% credit will be given if cancelled two weeks prior to event date. No credit will be given to cancelations within two weeks of event date.

Open Gym
GAMES
Arts & Crafts

Presented by:

Ricochets Gymnastics
362 S. Warminster Rd.,
Hatboro, PA 19040
215-328-0900
ricochets@ricochets.com





Martin Luther King JR camp

► Step 1: Students Information

Student's First Name: _____ Last Name: _____
 Birthday: ___ / ___ / _____ Age: _____ Home phone: _____
 Camper's Address: _____
 City: _____ State: _____ Zipcode: _____

Membership Information

Member. Must have active membership

Student Level: _____

Not a Member

Referral (if applicable): _____

*Referral gets a \$10 credit on their account.

► Step 2: (NON-MEMBERS ONLY) Parent/Guardian Information

#1 Parent/Guardian's Name: _____

Relation to Student: _____

Primary Phone Number: _____

Primary Email Address: _____

#2 Parent/Guardian's Name: _____

Relation to Student: _____

Primary Phone Number: _____

Primary Email Address: _____

Emergency Contact

(other than parent/guardian listed)

Name: _____

Relation to Student: _____

Primary Number: _____

► Step 3: Select Extended Care (optional) [Camp day 10am-3pm]

\$8/Hr*

Early drop off between 8:00-10:00am

Late pick up between 3:00-5:00pm

*Payment due for full hour. No pro-rate for half hours.

Drop off at: _____ am

Pick up at: _____ pm

► Step 4: Pricing and Payment

Please select your method of registration payment:

Check payable to 'Ricochets Gymnastics'

Card Number

CVV2 Code

Exp. Date

Cash

Charge credit card* on file

Billing Address

City

State

Zip code

Charge credit card* provided

*All cards are subject to 2% convenience fee

Name of Cardholder (please print)

Signature of Cardholder

► Step 5: Medical Information

Disabilities or conditions requiring our special attention:

► Step 6: Waiver

Liability Waiver

As the parent(s) or legal guardian(s) of the student(s) involved in camp, I hereby consent to her participation in the programs offered by Ricochets Gymnastics, Inc. and to the use of all facilities at Ricochets Gymnastics, Inc. As a condition to participation in RICOCHETS programs, I hereby release and forever discharge Sarah Lang and Christopher Zimmerman and/or any employees, or any individual acting on behalf of RICOCHETS, and connected with this program in which I, or my child may participate, from any and all claims, demands, or losses of every kind and nature which may result to my child, myself, or my heirs, except where such losses or damages is the result of the intentional or reckless conduct of one of the organizations or individuals identified above. I recognize and acknowledge all risks involved in participation in the above program and assume all risks inherent in participation in the same. I am aware that individual and group publicity photos and videos are taken and I hereby grant permission for my or my child(ren)'s likeness to be used in Ricochets Gymnastics publicity or advertising. By enrolling my child(ren) in Ricochets Gymnastics Inc., I attest that I have read and fully understand this liability waiver, and agree to the club policies.

I acknowledge that I have carefully read Ricochets Gymnastics Policies, and I agree my child will follow and abide by them. I understand this document's content and I sign this document by my own free will.

Signature of Parent/Legal Guardian

Print Name

Date