

# KINGSWOOD GYMNASTICS MARCH BREAK CAMP 2026

Date of Registration: \_\_\_\_\_ Employee who registered camper: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age at time of Camp: \_\_\_\_\_

Gender: \_\_\_\_\_ Child's School: \_\_\_\_\_ Grade at time of Camp: \_\_\_\_\_

Would like to be in the same group as: \_\_\_\_\_ Bowling Shoe Size: \_\_\_\_\_

Monday March 2 - Friday March 6, 2026

Subtotal: \$ 399.00

NBGA Insurance: \$ \_\_\_\_\_

GRAND TOTAL: \$ \_\_\_\_\_

☐ Paid

## UNDER 18 YRS (MINOR) WAIVER AND RELEASE

I, the undersigned parent or guardian of the above named minor, acknowledge that I am aware that this camp involves strenuous physical activity, carrying with it various inherent risks of injury which may require medical attention. In my opinion, the above-named minor is medically and physically fit to participate in this program. I hereby grant authority to the staff to render judgment concerning medical assistance in the event of an accident or illness in my absence. I give consent to my family physician to treat the above-named minor. If my family physician is not available, I give consent to obtain such medical assistance and treatment as staff deem appropriate.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

1. By registering with Kingswood Gymnastics, I acknowledge that some registration information (gymnast's name, gender, and birth date) is required to be shared with the New Brunswick Gymnastics Association and Gymnastics Canada. ☐ **ACKNOWLEDGED**
2. I understand that the collection of some of the above data is necessary to complete registration with Kingswood Gymnastics. ☐ **ACKNOWLEDGED**
3. Kingswood Gymnastics uses email as a primary means of communication with its members, including notification of cancellations, specials events, special offers, and other important messages. I consent to Kingswood Gymnastics contacting me at the email address listed on the reverse. ☐ **Y** ☐ **N**
4. I hereby grant to Kingswood Gymnastics and/or the New Brunswick Gymnastics Association the right to use, without payment of any fee or charge, any photograph, video, or other visual media including but not limited to the use of media, inclusion in club publications, website, and advertising. ☐ **Y** ☐ **N**

## PRIVATE AND CONFIDENTIAL INFORMATION

Parent/ Guardian: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parent Emails: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Child's Medicare: \_\_\_\_\_ Family Physician & Phone #: \_\_\_\_\_

Medical conditions, allergies, dietary restrictions, or behavioural problem areas: \_\_\_\_\_

\_\_\_\_\_

Please indicate any person other than the parents/ guardian/ emergency contacts who will be permitted to pick up your child. We have a sign-out system and will not allow the children to leave with anyone not on the list. We also ask everyone (parents included) for photo identification at every pickup.

\_\_\_\_\_

### Credit Card Information (if paying by phone)

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

Signature: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ CCV: \_\_\_\_\_

Cancellations made at least 8 days in advance will be refunded the amount paid less a \$25 administration fee per week canceled.

No refund will be given with less than 8 days notice.

If your child cannot attend a camp for medical reasons, please contact our office. A credit note will be issued upon receipt of a doctor's note. Should there be a death in the family, a refund or credit will be given. No other exceptions will be made. There will be no discounts for days not attended.

Camp registrations are non-transferable.

We reserve the right to cancel any program due to insufficient registration.

\_\_\_\_\_  
PARENT/ GUARDIAN SIGNATURE

### How did you hear about Kingswood Day Camps?

- |  |  |
|--|--|
| <input type="checkbox"/> Radio             | <input type="checkbox"/> Social Media      |
| <input type="checkbox"/> Newspaper         | <input type="checkbox"/> Word of Mouth     |
| <input type="checkbox"/> Internet Search   | <input type="checkbox"/> Personal Referral |
| <input type="checkbox"/> Kingswood Website | <input type="checkbox"/> Repeat            |

### For Office Use

- |  |
|--|
| <input type="checkbox"/> Camp List         |
| <input type="checkbox"/> Weekly Email Sent |
| <input type="checkbox"/> Master Pay List   |
| <input type="checkbox"/> Sign-In Sheets    |