

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: _____

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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?

- Radio
- Social Media
- Newspaper
- Word of Mouth
- Internet Search
- Personal Referral
- Kingswood Website
- Repeat

For Office Use

- Camp List
- Weekly Email Sent
- Master Pay List
- Sign-In Sheets