EAGLE GYMNASTICS

INDIGENOUS/COLUMBUS DAY - MONDAY, OCTOBER 12, 2026

CAMPER & PARENT INFORMATION

Camper name: _____

Date of birth: _____ **Age:** _____

Parent/guardian: _____

Mobile phone: _____ **Alternate phone:** _____

Email: _____

Address: _____

CHOOSE CAMP OPTION (AGES 4+)

- ☐ Half day #1: 9:00 AM-12:00 PM | $58 (Venmo $60)
- ☐ Half day #2: 12:30 PM-3:30 PM | $58 (Venmo $60)
- ☐ Full day: 9:00 AM-3:30 PM | $84 (Venmo $86)

Discounts: Eagle members who pre-register by Monday, October 5 receive $10 off. Siblings (members and non-members) are eligible for $5 off per sibling. Staff will confirm the total if discounts apply.

Sibling name(s), if registering: _____

EMERGENCY CONTACT & PICKUP

Emergency contact (other than parent): _____

Relationship: _____ **Phone:** _____

Authorized pickup person(s): _____

Only a parent/guardian or person named above may pick up the camper. Please tell staff about any pickup changes before dismissal; photo ID may be requested.

HEALTH & REGISTRATION NOTES

Allergies (food, medication, other): _____

Medical conditions / accommodations: _____

Medication or emergency plan to discuss with staff: _____

Send a snack/lunch and water bottle. Complete and sign page 2.

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PARENT/GUARDIAN PARTICIPATION ACKNOWLEDGMENT & CONSENT

Camper name: _____

PARTICIPATION & EMERGENCY CARE

I am the parent or legal guardian of the camper named above and give permission for my child to attend the selected Eagle Gymnastics Day Off Camp on October 12, 2026. I understand that gymnastics, movement activities and games involve physical activity and possible injury, including falls, collisions and contact with equipment. I will tell staff about relevant health needs and provide any necessary care instructions before camp.

If I cannot be reached during an emergency, I authorize Eagle Gymnastics staff to seek emergency medical assistance for my child, including calling 911. I understand medical professionals will make treatment decisions. I authorize staff to share the health information above with responders when needed for my child's care. Eagle Gymnastics will make reasonable efforts to contact me or the emergency contact promptly.

☐ I have provided a separate written medication or emergency action plan, if needed.

Preferred hospital (optional): _____

PHOTO PERMISSION (OPTIONAL)

May Eagle Gymnastics use photos or video of my child from camp in its social media, website, or promotional materials? This choice does not affect participation.

☐ Yes ☐ No

PARENT/GUARDIAN SIGNATURE

I confirm the information on this form is accurate, have read the participation and emergency-care statements, and consent to my child's participation.

Signature: _____ **Date:** _____

Printed name: _____

Return by Thursday, October 8: Bring this signed form and payment to the Eagle Gymnastics welcome desk. Please give staff any separate medication or emergency action plan before camp.