



## 2019 Sports and Educational Summer Camp Rules and Information

### General Information:

- Camp is available for students who have completed pre-school and are entering kindergarten through entering sixth grade. Because of the schedule and activity level of camp, we highly recommend that applicants have attended a full day pre-school program.
- If your child has any serious medical conditions, please contact us before completing paperwork.
- **Registration deadline is May 1, 2019. Please call for availability after May 1<sup>st</sup>.**
- We offer a low student to teacher ratio during summer camp. Our ratio is 12-1.
- Camp is held Monday through Friday. Camp hours are 7:30 a.m. to 5:30 p.m. We will be closed July 4<sup>th</sup>.
- Students picked up after 5:30 p.m. will be charged one dollar per minute. All fees will be charged to the account we have on file.
- Camp questions may be emailed to [coachgrady75@gmail.com](mailto:coachgrady75@gmail.com).
- **Camp reservations must be made one week in advance.**
- **We require a minimum of one full week or two part time weeks of enrollment.**
- **All change to your original reservation obligation must be submitted in writing 30 days in advance in order to avoid camp fees.**

### Camp Fees:

- Camp tuition will be automatically drafted from your checking account or the credit/debit card of your choice. Charges will be processed on the first day of each camp week.
- **Full day camp fees: \$165.00/weekly**
- **Half day camp fees: \$115.00/weekly**
- **Three full days of camp: \$135.00/weekly**
- One week's tuition is required as a deposit. Your deposit will be applied to your first week of camp. Camp deposits are non-refundable, but are transferable if another week is available.
- We offer a \$5.00 second child discount when both children are enrolled full time in the same week.

### When Registering:

- Complete and return the following forms and items.
  - **2019 Care Registration Form, 2019 Summer Camp Registration Form and Payment Information Sheet.**
  - **Travel Information Form (one per family) with a Current School Picture (one per child).**
  - **2019 Care information sheet (color copies of parent's ID must be included).**
- Please make a copy of your registration form and the weeks you have selected to attend for your records. If you are new to our program, we recommend that you call to schedule a tour of the facility prior to your child's first day.
- **Incomplete registration packets, including those without pictures, will not be processed.**

### When Arriving:

- Parents and/or guardians must sign their child in and out everyday. If someone from your alternate pick up list will be picking your child up from camp, please list him or her on the daily sign in/out sheet. They will need to provide their ID at pick up time
- Provide an emergency contact number where you or another adult can be reached during the day.
- Children will need to store their socks, shoes, lunchbox and any other personal items in their cubby. Please put your child's name on all personal items. We are not responsible for lost or stolen items.
- **Toys, phones, music players, tablets, wireless or any other electrical devices may not be brought to camp.**

### Food and Snacks:

- River City is a peanut-free zone. **When packing your child's lunch, do not include peanut butter, peanuts, or any other product that contains peanuts. If you are unsure about a specific food item, please check the ingredient list before sending it to camp.**
- You are responsible for providing your child's lunch and beverage. Every camper's lunch should include items from all four of the major food groups: fruits and vegetables, dairy, meats and grains and bread. **Campers are not allowed to bring fast food, soft drinks or candy for lunch.** We do not refrigerate or warm up lunches.
- We will provide a nutritional snack twice a day.
- Please notify us if your child has any food allergies or special dietary requirements.
- In the event that you forget your child's lunch, we will make them a lunch for a \$5.00 lunch fee. Lunches may not be purchased in advanced.
- Students may only make purchases from the snack bar when they are picked up at the end of the day.

### **Medication Procedure:**

Medication can only be administered with a signed parental permission that includes date, type, name, time given and dosage. The appropriate dose of medicine should be in the original container and be labeled with the child's name. All medication must be left at the front desk and be removed from the gym by the parent at the end of the day.

### **Absentee Policy:**

Please call River City if your child will be absent on any given day. If your child is absent, you are still responsible for the day's/week's tuition. Weekly tuition will not be adjusted for absences.

### **Cancellation Policy:**

All changes and or cancellations made to your original reservation obligation must be submitted in writing 30 days in advance in order to avoid camp fees. Change forms are available at the front desk. Changes may also be emailed to [coachgrady75@gmail.com](mailto:coachgrady75@gmail.com).

### **Sick Policy:**

Any child who becomes sick shall be separated from the other children and supervised until they are picked up by a parent/guardian. Parents will be notified immediately and need to pick up the child within one hour of being called. Children cannot be brought to camp if they have had fever, diarrhea, vomiting, sore throat or any other sickness within 24 hours. Camp tuition/fees for days missed due to illness are still due for the day/week and are non-refundable or transferable.

### **Daily Attire:**

Campers need to wear clothing that is comfortable and appropriate for athletic activity. **Students may not wear jeans to camp.** Pants or shorts with buttons, snaps and zippers are not recommended. Children need to always wear or have a pair of tennis shoes and socks in their bag for outside activities. We also require a full change of clothes in your child's bag in the event of an accident. Please put your child's name on the extra clothes and place them in a zip-lock style bag. If water days are scheduled, campers will need to bring sunscreen, a towel, swimwear, swim shoes and a dry change of clothes.

### **Field Trips:**

Current Arkansas law requires children under age 6 (or 60 pounds) be transported in a car seat. Keeping in compliance with state guidelines, we require you to provide us with an appropriate car seat in order for your child to travel on field trips. **Children without an appropriate car seat will not be allowed to travel with camp.** All car seats must be labeled with your child's name. Campers will be transported in River City's bus and in additional River City vehicles if needed. Campers must be five years old to participate in weekly field trips. Parents will be notified of field trips one week in advance. On your child's scheduled travel day, children need to be at the gym 15 minutes prior to the estimated departure in order to travel. Children who arrive after the field trip has left may not join the group at the field trip destination. We will provide your child with a camp T-shirt that will be worn on field trips. **Campers need to wear socks and tennis shoes for all field trips.** Please check the field trip calendar regularly to know of anything specific your child will need for field trips. Our field trips are an exciting part of our weekly camp activities; however, inappropriate behavior in camp or on field trips could result in suspension from one or more future field trips.

### **Discipline Policy:**

River City directs children toward positive, acceptable behavior by using positive reinforcement and negative behavior modification. All camp activities are structured to keep children engaged and interested. After a reasonable number of verbal warnings to stop inappropriate behavior, the following steps will be taken.

- Step 1: The student will be temporarily removed from the group's activity.
- Step 2: A meeting with the camp or gym director to discuss the inappropriate behavior. If needed, the parents will be notified of the behavior.
- Step 3: A meeting with the parents and the gym or camp director.
- Step 4: Removal from camp.

[www.river-city-gymnastics.com](http://www.river-city-gymnastics.com)

5310 S. Shackelford, Suite A ~ Little Rock, AR 72204 ~ 407-8000

**2019-20 Care Registration Form:**

Date of enrollment: \_\_\_\_\_ Deposit Paid: \_\_\_\_\_  
(office use only)

How did you hear about River City? Friend: \_\_\_\_\_ Former Student: \_\_\_\_\_ Phone Book: \_\_\_\_\_ Birthday Party: \_\_\_\_\_  
Kid's Directory: \_\_\_\_\_ Web Site: \_\_\_\_\_ If other, please list: \_\_\_\_\_

**Family Contact #1:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Type: Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**Family Contact #2:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Type: Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**Family Billing Address:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Contact:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**List of Additional persons authorized to pick up my child: (Other than parents)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_

**\*Please notify us in writing of any changes that need to be made to your alternate pick-up list. Anyone other than a parent or guardian will need to present a photo ID at the time of pick-up.**

**First Student Information:**

Student's First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student Gender: \_\_\_\_\_  
Student Birth date: \_\_\_\_\_ (mm/dd/yyyy) Student Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Disabilities/Medical Conditions: \_\_\_\_\_ Current Medications: \_\_\_\_\_  
Does your child use a car seat? \_\_\_\_\_ While at camp, will we need to administer any medication? \_\_\_\_\_  
If so, please instructions: \_\_\_\_\_

**Second Student Information:**

Student's First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student Gender: \_\_\_\_\_  
Student Birth date: \_\_\_\_\_ (mm/dd/yyyy) Student Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Disabilities/Medical Conditions: \_\_\_\_\_ Current Medications: \_\_\_\_\_  
Does your child use a car seat? \_\_\_\_\_ While at camp, will we need to administer any medication? \_\_\_\_\_  
If so, please instructions: \_\_\_\_\_

**Medical Emergencies:**

The undersigned gives permission to River City Gymnastics, Inc., its owners and operators to seek medical treatment for the participant, in the event they are not able to reach a parent or guardian. I hereby declare any physical or mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health. I request that our doctor/physician \_\_\_\_\_ be called at \_\_\_\_\_ and that my child be reported to \_\_\_\_\_ hospital. Our insurance company is \_\_\_\_\_ and our policy number is \_\_\_\_\_.

Preferred Doctor's Address: \_\_\_\_\_

Preferred Hospital's Address: \_\_\_\_\_

\_\_\_\_\_ **I've read the above and agree.**

Initial \_\_\_\_\_

**Payment Information:**

A camp deposit of one week's tuition is due at the time of enrollment and will be applied to your first week of camp. Camp deposits are non-refundable but are transferable if another week is available. In order to avoid camp tuition and fees, all cancellations/changes must be made in writing 30 days in advance. If your child is absent for any reason, including illness, you will still be responsible for camp tuition for days missed.

\_\_\_\_\_ **I've read the above and agree.**

Initial \_\_\_\_\_

I authorize River City Gymnastics, Inc. to initiate debit entries to my checking or credit card account and to debit the same account weekly/monthly. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until River City Gymnastics, Inc., has received 30 days written notice of its termination in such time and in such manner as to afford River City and the bank/credit institution a reasonable time to act upon it.

\_\_\_\_\_ **I've read the above and agree.**

Initial \_\_\_\_\_

\_\_\_\_\_ has my permission to attend River City Gymnastics, Inc., for instruction and to use its facilities. I confirm that he/she is in good health. River City Gymnastics, Inc. may call a doctor or the person listed on the previous page in the event of an emergency if I cannot be reached. I also give River City Gymnastics Inc., its owners, directors, officers, and agents permission to obtain emergency medical treatment for my child if it is needed and I cannot be reached. I have been informed by River City Gymnastics, Inc. via this release form, and I fully understand that any activity involving motion or height necessarily including the activities for which my child is enrolled, create the possibility of serious injury or death from landing or falling on the head or neck. I fully assume this risk on behalf of my child and myself. I acknowledge that this risk can be significantly reduced by properly following the River City Gymnastics, Inc.'s rules and policies. In consideration for the services received and the risks assumed by me on my own behalf and that of my child, River City Gymnastics Inc. and its owners, directors, officers, agents, employees, contractors, instructors, attendants, and assigns are fully and absolutely released and discharged from all claims for injury, disability, disease, damage, loss and expense (past, present, and future) arising out of or connected in any manner with any accident or injury sustained by my said child and his or her heirs, executors, assigns, and representatives, while said child is engaged in any activity directed, sponsored, conducted, or maintained at or by River City Gymnastics Inc., its owners, directors, officers, agents, employees, instructors, attendants, and assigns. This release is executed of my own free will as consideration for access to the services, facilities and equipment of River City Gymnastics, Inc.

I also give consent for my child to travel with River City Gymnastics, Inc.'s After School Care Program as well as their Summer Camp and School's Out Day Camp's weekly field trips. I have read and understand the rules and guidelines for traveling with River City Gymnastics, Inc.'s care programs. I have also read and fully understand the rules and policies of River City's Care program. I will review necessary rules with my child and will comply fully.

I hereby give the River City Gymnastics, its agents and/or assignees permission to use the photographs taken of my child for publicity and promotional purposes as well as on social media. I relinquish all rights, title, and interest I may have in the finished pictures and hereby release the River City Gymnastics from any and all claims or demands for damages of any kind whatsoever arising from the use of said material. I am of legal age and freely sign this release, which I have read and understand.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Interviewing Children:**

This is a statement of verification that I have been informed that Child Care Licensing/Investigators/Law Enforcement may possibly interview my child. This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: 200.3.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Suntan/Suncreams:**

I give written permission for the use of suntan lotions/sunscreen for my child. In accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: 1101.16.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Discipline Policy:**

River City directs children toward positive, acceptable behavior by using positive reinforcement and negative behavior modification. All camp activities are structured to keep children engaged and interested. After a reasonable number of verbal warnings to stop inappropriate behavior, the following steps will be taken.

- Step 1: The student will be temporarily removed from the group's activity.
- Step 2: A meeting with the camp or gym director to discuss the inappropriate behavior. If needed, the parents will be notified of the behavior.
- Step 3: A meeting with the parents and the gym or camp director.
- Step 4: Removal from camp.

I have read and understand the discipline policy for River City Gymnastics, Inc's After School Care, School's Out Day Camp and Summer Camp Programs. I will review necessary rules with my child and will comply fully.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# 2019 River City Gymnastics Summer Camp Registration Form

**Family Name:** \_\_\_\_\_

## **First Student Information:**

Student's First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

May 28-31	_____	June 24-28	_____	July 22-26	_____
June 3-7	_____	July 1-3*	_____	July 29-Aug 2	_____
June 10-14	_____	July 8-12	_____	Aug 5-9	_____
June 17-21	_____	July 15-19	_____		

\*The gym will be closed on Thursday and Friday, July 4<sup>th</sup> and 5<sup>th</sup>..

## **Second Student Information:**

Student's First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

May 28-31	_____	June 24-28	_____	July 22-26	_____
June 3-7	_____	July 1-3*	_____	July 29-Aug 2	_____
June 10-14	_____	July 8-12	_____	Aug 5-9	_____
June 17-21	_____	July 15-19	_____		

\*The gym will be closed on Thursday and Friday, July 4<sup>th</sup> and 5<sup>th</sup>..

**\*\*If you are attending less than a full week, please indicate your plans next to the selected week. For example, mark M,W, F if you are only attending those three days. Also, half-day campers need to note if they are attending A.M. (9:00-1:00) or P.M. (1:00-5:00).**

## **Payment Information:**

A camp deposit of one week's tuition is due at the time of enrollment and will be applied to your first week of camp. Camp deposits are non-refundable but are transferable if another week is available. In order to avoid camp tuition and fees, all cancellations/changes must be made in writing 30 days in advance. If you child is absent due to illness, you will still be responsible for camp tuition for days missed.

**I've read the above and agree.**

Initial



# 2019-20 Care Travel Information Form

(please PRINT clearly)

\*Please Attach First Child's Current School Picture Here

\*Please Attach Second Child's Current School Picture Here

### First Student Information:

Student's First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student Gender: \_\_\_\_\_  
Student Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ If age 6 or older, does your child use a car seat? \_\_\_\_\_  
Disabilities/Medical Conditions: \_\_\_\_\_ Current Medications: \_\_\_\_\_

### Second Student Information:

Student's First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student Gender: \_\_\_\_\_  
Student Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ If age 6 or older, does your child use a car seat? \_\_\_\_\_  
Disabilities/Medical Conditions: \_\_\_\_\_ Current Medications: \_\_\_\_\_

### Family Contact #1:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Type: Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Family Contact #2:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Type: Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Medical Emergencies:

The undersigned gives permission to River City Gymnastics, Inc., its owners and operators to seek medical treatment for the participant, in the event they are not able to reach a parent or guardian. I hereby declare any physical or mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health. I request that our doctor/physician \_\_\_\_\_ be called at \_\_\_\_\_ and that my child be reported to \_\_\_\_\_ hospital. Our insurance company is \_\_\_\_\_ and our policy number is \_\_\_\_\_.

Preferred Doctor's Address: \_\_\_\_\_

Preferred Hospital's Address: \_\_\_\_\_

\_\_\_\_\_ I've read the above and agree.

Initial

I also give consent for my child to travel with River City Gymnastics, Inc.'s After School Care Program as well as their Summer Camp and School's Out Day Camp's weekly field trips. I have read and understand the rules and guidelines for traveling with River City Gymnastics, Inc.'s care programs. I have also read and fully understand the rules and policies of River City's Care program. I will review necessary rules with my child and will comply fully.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2019-20 Care Payment Choices:**

\*Camp tuition will be automatically drafted from your checking account or the credit/debit card of your choice (VISA and Mastercard only.)  
Charges will be processed weekly on the first day camp.

**\*\*If you are current student with us you do not need complete this form. If you are a returning student please update your billing information.**

Family Name: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Automatic Credit Card Payment:**  
**(VISA or MasterCard only)**

Credit Card Type: \_\_\_\_\_ Name as it appears on card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp Month: \_\_\_\_\_ Year: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Automatic Checking Draft:**

Bank Name \_\_\_\_\_ Bank Routing #: \_\_\_\_\_

Bank Account #: \_\_\_\_\_ Type of Account: \_\_\_\_\_

Name as it appears on Account: \_\_\_\_\_

# 2019-2020

## River City Gymnastics

### Care Program Information Sheet

Family Name: \_\_\_\_\_

1st Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies/Needs: \_\_\_\_\_

2nd Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies/Needs: \_\_\_\_\_

#### **Family Contact #1:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Type: Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### **Family Contact #2:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Type: Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### **Emergency Contact:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

\*Please attach a  
color copy of  
Family Contact #1's  
Driver's License.

\*Please attach a  
color copy of  
Family Contact #2's  
Driver's License.



