



www.river-city-gymnastics.com

## 2020-21 School's Out Day Camp Rules and Information

### General Information:

- Camp is available for students in grades K-5.
- If your child has any serious medical conditions, please contact us before completing paperwork.
- In order to comply with current CDC recommendations for group sizes, our ratio will be lowered to 9:1. This is subject to change if the CDC directive is modified.
- Camp hours are 7:30 a.m. to 5:30 p.m. 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 at the time of pick-up. After the third late pick-up, a phone conference will be scheduled to discuss future reservations.
- Camp questions can be sent to [coachgrady75@gmail.com](mailto:coachgrady75@gmail.com)

### Camp Fees:

- Camp tuition will be automatically drafted from your checking account or the credit/debit card of your choice. Charges for the day/week will be processed the first morning of camp.
- Camp tuition is \$45.00 a day. We do offer a \$5.00 second child discount when both children are attending on the same day.
- A \$45.00 camp deposit will be charged at the time of enrollment. This deposit will be applied to your first day of camp in the 2020-21 school year. Camp deposits are non-refundable, but are transferrable to another date.

### When Registering:

- Complete and return the following:
  - **2020-21 Care Registration Packet**
  - **This includes:**
    - **2020-21 Care Program Information Sheet (including pictures)**
    - **2020-21 Care Registration Form**
    - **2020-21 Schools Out Day Camp Registration Form**
    - **2020-21 Care Payment Information Sheet**

**\*\*Families that are currently enrolled in after school care or who attended our 2020 Summer Camp only need to complete the Schools Out Day Camp Registration Form (pg. 5) unless your personal information has changed.**

- We recommend making a copy of your registration form and the days you have selected to attend for your records before submitting your packet. Please note incomplete registration packets will not be processed.

### When Arriving:

- All drop off and pick up will be done outside of the facility. A staff member will meet you and your child at the door to do a daily health screening. Any campers who answer yes to the following criteria will not be allowed to enter the building. Parents will need to wear a face covering during the daily screening.
  - Fever of or higher than 99.4
  - Cough/Shortness of Breath or any other COVID-19 symptoms
  - Recent Pneumonia
  - Have had contact with anyone who has had Novel Coronavirus, COVID-19, within the last 14 days.
- 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 a 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 will provide nutritional snacks 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, if we have supplies available, we will make a lunch for them. Lunches are \$5.00. Lunches may not be purchased in advance.
- 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 signed parental permission that includes the date, type, name 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, it is understood that the parents are still responsible for the tuition/fees for that day.

### **Cancellation Policy:**

**You must notify River City Gymnastics, in writing, of any changes to your original enrollment obligation one week in advance to avoid being charged the daily/weekly tuition. Changes, including cancellations, may be emailed to coachgrady75@gmail.com**

### **Sick Policy:**

Any child who becomes sick shall be separated from the other children and supervised until pickup. 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.

### **Daily Attire:**

Campers need to wear clothing that is comfortable and appropriate for athletic activity. **Students may not wear jeans to camp.** Pants or short 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 of his or her extra clothes and place them in a zip-lock style bag. On scheduled water play days, 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 under 60 pounds be transported in a car seat. Keeping in compliance with DHS 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.

We will notify you of any scheduled field trips on a day when School's Out Day Camp will be held. On a scheduled travel day, please have your child at the gym 15 minutes prior to the scheduled departure time. 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.** Our field trips are an exciting part of our camp activities; however, inappropriate behavior 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.**

5310 S. Shackelford, Suite A ~ Little Rock, AR ~ 72204 ~ 501-407-8000

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

## 2020-21 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: \_\_\_\_\_ Playgroup: \_\_\_\_\_ Web Site: \_\_\_\_\_ Mail: \_\_\_\_\_ 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: \_\_\_\_\_

(revised 9/2020)

**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 \$45.00 deposit is due at the time of enrollment and will be applied to your first day of camp. Camp deposits are non-refundable however are transferable to another camp week. In order to avoid camp tuition and fees, all cancellations/changes must be made in writing two weeks in advance. If your 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 \_\_\_\_\_

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 and to credit it in the event of error. 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: DCCEDE/Child Care Licensing Unit: 200.3.

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

**Suntan/Sunscreens:**

I give written permission for the use of suntan lotions/sunscreen for my child in permissible weather. 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: \_\_\_\_\_

**2020-2021 River City Gymnastics Care COVID-19 Release Form:**

River City Gymnastics, Inc., has put in place preventative measure to reduce spread of COVID-19, however, River City Gymnastics, Inc., cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending River City Gymnastics, Inc., or any place with people outside of your home could increase your risk and your child(ren) risk of contracting COVID-19.

By Signing this agreement, I acknowledge that contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending River City Gymnastics, Inc. I understand that the risk of becoming exposed to or infected by COVID-19 at River City Gymnastics, Inc., may result from the actions, omissions, or negligence of myself and others, including but not limited to, River City employees, program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including but not limited to personal injury, illness, disability and death), damage, loss, claim, liability, or expense of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance and participation at River City Gymnastics, Inc. On my behalf and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless River City Gymnastics, Inc., its employees, agents and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of River City Gymnastics, Inc., its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in the River City program.

To reduce the risk of potential spread from people who may be asymptomatic or pre-symptomatic, all students attending camp are required to wear a face covering except when eating and participating in strenuous activity. Masks may be made of cloth. Two layers of 100% cotton are recommended if cloth masks are used. Cloth masks need to be laundered daily. Neck gaiters and similar wraps that go around the neck and do not have two layers of material do not meet the mask requirement. Mask with valves do not meet the requirement as it allows more germs to be released into the air.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name(s) of River City Participant(s): \_\_\_\_\_ Date: \_\_\_\_\_



# 2020-21 School's Out Day Camp Registration Form

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

**First Student Information:**

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

**Available Dates:**

Nov. 6	_____	Dec. 29	_____	Mar. 22	_____
Dec. 21	_____	Dec. 30	_____	Mar. 23	_____
Dec. 22	_____	Jan. 4	_____	Mar. 24	_____
Dec. 23	_____	Jan. 18	_____	Mar. 25	_____
Dec. 28	_____			Mar. 26	_____

**Second Student Information:**

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

**Available Dates:**

Nov. 6	_____	Dec. 29	_____	Mar. 22	_____
Dec. 21	_____	Dec. 30	_____	Mar. 23	_____
Dec. 22	_____	Jan. 4	_____	Mar. 24	_____
Dec. 23	_____	Jan. 18	_____	Mar. 25	_____
Dec. 28	_____			Mar. 26	_____

**\*Please indicate the days you are planning to attend. Your \$45.00 camp deposit will be charged electronically and applied to your first scheduled day of camp. Please refer to the camp rules and policies for a list of required information needed to complete registration.**

**\*\*All dates require a minimum number of advance reservations to be feasible. We normally allow enough time for camp to grow before cancelling but understand that you need time to make other arrangements. In the event that a date is cancelled, you will receive an email at least 72 hours in advance.**

I understand a \$45.00 camp deposit will be charged at the time of enrollment. Camp deposits are non-refundable however are transferable to another camp date. In order to avoid camp tuition and fees, all cancellations/changes must be made in writing one week in advance of your first scheduled day of camp. If your 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

## **2020-21 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 the morning of camp; if more than one day of camp is held in the same week, the week's tuition will be charged. Please complete all banking information and indicate which account you wish to be the primary source of funds. The secondary account will be used for any past due balances that have exceeded 30 days.

**\*\*If you currently have an account on file with us you do not need complete this form.**

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: \_\_\_\_\_

# 2020-21

## River City Gymnastics

### Care Program Information Sheet

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

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

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

3rd 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  
Drivers License.

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