

# HIGH FLYING FUN AT SUMMER CAMP

Week #1- May 30th-June 2nd

Week #2-June 5th-9th

Week #3-June 12-16th

Week #4-June 19th-23rd

Week #5-June 26th-June 30th

Week #6-July 5th-July 7th

Week #7-July 10th-July 14th

Week #8-July 17th-July 21st

Week#9-July 24th-July 28th



Boys and Girls  
Ages 5 to 13

7:30 a.m. to 6:00 p.m.

\$135 Weekly and Daily Rates Available!

Field Trips &  
Morning Snacks Included



Victory Sports Center  
931-526-4960

Register Online @  
[victorysportscentertn.com](http://victorysportscentertn.com)

# 2017 Camp Policies and Procedures

## **Location:**

Camp drop off and pick up will be the first door down from the main double door entrance.

## **Camp Hours:**

Camp hours are from 9:00 a.m. to 4:00 p.m. Camp check in and drop off will begin at 7:30 a.m. until 9:00 a.m. Camp check out will be from 4:00 p.m. to 6:00 p.m. Earlier pickup times can be permitted unless prior field trips have been planned. To ensure quality experiences of all the participants, please be on time. An additional \$10 late pick-up fee will be charged for every 10 minutes after 6:00 p.m.

## **Sign In/Sign Out:**

For the security of your child, parents must sign in and sign out at the beginning and end of each camp day. Adults approved to pick up your child must be indicated on your child's Personal Camp Information Form. If at any time you need to add someone to your child's pick up list, please call 931-526-4960 and we will add them to your child's form.

## **Siblings and Friends:**

We understand many campers will have younger or older siblings/friends that may want to be in the same group for activities; however, we may not always be able to put siblings/friends into the same groups for activities/games depending on age and size of all campers present.

## **Snack and Lunch:**

All campers must bring a lunch and drink. A refrigerator, microwave and freezer are available. Morning snack will consist of one of the following items: Goldfish, Chex Mix, Vanilla Wafers, Fruit Snacks, Cheez-its, etc. along with a choice of lemonade or water. Additional snacks will be for sale in our treat box in the afternoons. Most items for sale are \$1.00 or less and envelopes are provided to keep track of your child's remaining balance. Please alert us of any allergies that may require special accommodation or if a special snack will be provided by the parents. If your child is attending camp on a day that a field trip is scheduled (ex: Pool Day \*Summer Camp only\*) during lunch, please send a lunch or drink that doesn't have to be heated or kept cool.

## **What to Wear:**

Your child will need to wear shorts or pants that do not have zippers or belt loops. Jeans/denim will not be permitted and shorts are best for the type of game play that occurs during camp hours. If your child would like to bring a change of clothes with them to camp they may.

## **Camp Size:**

To maintain quality instruction, camp staff to participant ratio is 1:15 or less. All campers are divided by age for camp activities.

## **Camp Prices, Deposits, and Cancellations:**

Victory Kids Camp Program requires that week one (of multiple week camps) to be paid in full. Additional weeks require a \$25 deposit per week of camp/per child. The deposit will come off the remaining balance of the week of camp. Victory Kids Camp Program will issue refunds minus the deposit. If cancellation is made at least two weeks prior to the first week of camp. Please note: within two weeks of the first day of camp, there will be no refunds. Victory Kids Camp Program reserves the right to cancel any camp week if enrollment minimum is not met. Transfers from one week to another will be based on availability and must be made within two weeks prior to the schedule camp date and upon arrival.

## **For Further Camp Questions:**

For additional information regarding camp prices and activities please call our office at 931-526-4960.

# 2017 Camper Personal Information and Registration Form

*The following form must have each section completed to the best of your knowledge. By signing below, you agree to all provisions and covenants contained in this application. Our staff will keep this form and its contents confidential.*

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

(You will not be sent junk mail by submitting your email. We will send you monthly newsletters, reminders and any coupons regarding the gym and/or programs)

Emergency Contact (other than parents): \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Does your child have any allergies we should be aware of?      Yes                  No

If yes, please explain: \_\_\_\_\_

(Please Note: We can administer medication during camp hours if needed. Medication must be checked in with camp staff for safe lock up and with a note concerning dosage amount and time.)

Does your child take any medication on a regular basis?      Yes                  No

If yes, please explain: \_\_\_\_\_

Does your child currently take a class in one of our programs?      Yes                  No

If yes, what day and time does your child have class? \_\_\_\_\_

Summer Camp Registration Only: Is your child able to swim without assistance?      Yes                  No

(Please Note: If your child needs assistance with swimming, please pack whatever floats/life jackets your child will need on swim days)

Please list anyone who is allowed to pick your child up from camp other than parents. (Please Note: Until staff become aware of who you/others on your pickup list are, all will have to show proper identification for us to release your child from camp)

\* Should you need to add other names to your child's pick up list please call our office at any time.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

## PLEASE CHECK THE BOX OF THE CAMP THAT YOU ARE REGISTERING FOR:

Spring Break Camp-Week 1                  Fall Break Camp-Week 1                  Summer Camp Week 1 2 3 4 5 6 7 8 9  
Spring Break Camp-Week 2                  Fall Break Camp-Week                  Other \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND  
INDEMNITY AGREEMENT ("AGREEMENT")**

In consideration of participating in any activity at VICTORY GYMASTICS, LLC, doing business as Victory Sports Center. I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue VICTORY GYMASTICS LLC, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY

AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_ Date: \_\_\_\_\_  
Printed name of participant

\_\_\_\_\_ Date: \_\_\_\_\_  
Printed name of participant

\_\_\_\_\_ Date: \_\_\_\_\_  
Printed name of participant

\_\_\_\_\_  
Signature of participant ( Over the age of 18yrs/old)

**PARENTAL CONSENT**

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

\_\_\_\_\_ Date: \_\_\_\_\_  
Printed name of Parent/or Legal Guardian

\_\_\_\_\_  
Signature of Parent/or Legal Guardian