

Smoky Mountain Summer Retreat @SMG

Enrollment Application

1452 E. Brown School Road - Maryville, TN 37804

865-984-2221 / www.smgymnastics.com / admin@smgymnastics.com

ATTENTION: Please fill out the following information and return it before you start along with your 1st week's tuition and Registration Fee. You must have all payments and forms to hold your spot for the 2025 summer.

Attention: This camp is for Entering Kindergarten – 4th Graders

Parent or Guardian Information:

Mother's First Name: _____ Mother's Last Name: _____

Mother's Cell Phone: ____ - _____ E-mail: _____

Mother's Work Place: _____ Phone: _____

Father's First Name: _____ Father's Last Name: _____

Father's Cell Phone: ____ - _____ E-mail: _____

Father's Work Place: _____ Phone: _____

Child's Home Address:

How are you related to the student(s): Parents Guardians Grandparents

Other: _____ If needed please submit any custody information or paperwork.

Emergency Information: In case of an emergency please list at least 2 emergency contacts.

We will always contact you first.

Emergency Contact Name: _____

Phone: _____

Emergency Contact Name: _____

Phone: _____

Emergency Contact Name: _____

Phone: _____

Pick Up Information: Please inform anyone on this list that they will have to present a photo ID to pick up children. If no Photo ID is presented, the child will not be allowed to leave.

Name: _____

Phone: _____

Relationship to child: _____

Name: _____

Phone: _____

Relationship to child: _____

Name: _____

Phone: _____

Relationship to child: _____

ANYONE NOT ALLOWED TO PICK UP CHILDREN:

Name: _____

Phone: _____

Relationship to child: _____

Name: _____

Phone: _____

Relationship to child: _____

Emergency Information:

Physicians Office: _____

Phone: _____

Address: _____

Dentist Office: _____

Phone: _____

Address: _____

First Child's Information:

Child's First Name: _____ Child's Last Name: _____

Child's preferred Name: _____

Date of Birth: ___/___/20___ Age: ___ Male ___ Female

School child attends: _____ Grade in 2023-24: _____

Does your child receive any type of special assistance at school? Yes No

Please explain: _____

Does your child usually get along with other children: Yes No Please explain how he/she reacts: _____

Any Daily Medications given: Yes No Please list Medication(s) : _____

Detail any other information you think we should know about your child: _____

Does your child know how to swim by themselves without any assistance: YES NO

Does your child need a float device to help them swim: YES NO

If YES, please provide a quality floating device - Life Jackets or Puddle Jumpers ONLY. Please do not send in any blow-up floats or arm floats.

Insurance Information:

Insurance Company: _____

Group #: _____ Policy #: _____

Phone #: _____

In case of an emergency, I would like my child(ren) transported to _____ Hospital for treatment. I give my permission for Perpetual Motion /SMG Summer Day Camp to care for my child in the case of an emergency. To make whatever emergency measures as judged necessary for the care of my child _____. It is understood that in some medical situations the staff will need to contact emergency resources or another adult to act on my behalf.

Parent Signature: _____

Date: ___/___/20___

Additional Children's Information:

Child's First Name: _____ Child's Last Name: _____

Child's preferred Name: _____

Date of Birth: ___/___/20___ Age: ___ Male ___ Female

School child attends: _____ Grade in 2023-24: _____

Does your child receive any type of special assistance at school? Yes No
Please explain: _____

Does your child usually get along with other children: Yes No Please explain how he/she reacts: _____

Any Daily Medications given: Yes No Please list Medication(s) : _____

Detail any other information you think we should know about your child: _____

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Parent Signature: _____

Date: ___/___/20___

Summer Camp 2025 Reserved Weeks

Summer Camp weeks must be predetermined. Weeks may be added if space is available.

I am registering my child for the following weeks: **Tuition payment is required regardless of attendance if you sign up that week. You can not drop weeks after you pay your registration fee.** Reservations may be changed to another week if space is available. We must pre plan and prepare for proper staffing, snacks and activity materials. We hope everyone understands the importance of this requirement.

If attending 5 days, check all the weeks attending. If attending 3 days, circle the days and check the weeks your child will be attending.

IMPORTANT: Camp Hours are from 8:00am – 4:00pm. Extended Hours are 7:30am-6:00pm. You may not switch back and forth. Please sign up for Regular Camp Hours or Extended Care.

1. **June 2 – 6**

M T W R F

2. **June 9 - 13**

M T W R F

3. **June 16–20**

M T W R F

4. **June 23 - 27**

M T W R F

5. **July 7 - 11**

M T W R F

6. **July 14-18**

M T W R F

7. **July 21- 25**

M T W R F

CAMP HOURS: **8:00am-4pm** **Extended Care 7:30am-6:00p**

_____ 8:00am-4:00pm; I understand I may not drop my child off before 8am and must pick up by 4:00pm or I will be charged a daily late fee. **Please Initial above**

Note to Parents:

The total weekly tuition for all reserved weeks or days is due regardless of attendance. You may change your reservation at any time ONLY if requested weeks are available, you may not drop any weeks.

Child(ren's) Name: _____ 1st Day of camp ____/____/25

Parents Signature: _____ Date: ____/____/25

Licensing Exemption

As of April 11, 2016, **Smoky Mountain Gymnastics Camp is no longer required to be licensed by the state** of Tennessee. *I understand that the "Summer Day Camp" is not licensed and is not required to be licensed by the state as a childcare agency. This is not daycare. We are a weekly summer day camp.

Parents Signature: _____ Date: ___/___/2025

Release of Liability Waiver:

FOR ANY STUDENT AND PARENT PARTICIPATING IN A GYMNASTICS or SWIMMING

ACTIVITY: By the very nature of the activity, gymnastics & Swimming carries a risk of physical injury. No matter how careful the gymnast and the coach are, no matter how many spotters are used, no matter what height is used or what landing equipment, the risk cannot be eliminated. The risk of injuries includes minor injuries, such as bruises, and more serious injuries, such as broken bones, dislocations and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck or head.

Gymnastics & Swimming, or any activity that involves motion, rotation, and height in a unique environment, carries with it a reasonable assumption of risk. Smoky Mountain

Gymnastics/Perpetual is bound by law to inform all participants and their parents or guardians of the risk involved in the activity of gymnastics. Anyone participating in the Smoky Mountain Gymnastics/Perpetual or Swimming programs (along with those legally responsible for the participant) must sign the notice on the application and must adhere to the safety rules governing the gymnasium. These rules are posted inside and outside the gymnasium, and a copy is sent with every confirmation letter. In consideration for Smoky Mountain

Gymnastics/Perpetual and Swimming program acceptance of the applicant, and in consideration of the applicant's opportunity to improve gymnastic skills through the use of the staff, equipment and facilities, those legally responsible for the named enrolling student realize the risk of injury involved and hereby agree to assume the responsibility of such for said

student and further agree to save and hold harmless the said school, its employees, and all others concerned, and to indemnify them against loss, intending to be legally bound, our signature is offered below. I hereby grant to Smoky Mountain Gymnastics/Perpetual Motion and/or its legal representatives and assigns, the irrevocable, absolute, and unrestricted right to use and publish the likeness, portraits, photographs, film or videos of my child, or in which my child may be included, for advertising purposes. I hereby release Smoky Mountain

Gymnastics/Perpetual and its legal representatives and assigns from all claims, royalties, and liability relating to the use of said likeness, portraits, photographs or films/videos. I have read and agree to the Release & Liability Waiver. I understand that this facility is not required to be licensed by the state of Tennessee.

Parents Signature: _____ Date: ___/___/20__

Payment Policy

Payment method preferred: Auto pay via credit or debit card / void check (\$4 weekly discount). Checks, cash, or money order are also accepted.

1. ALL PAYMENTS ARE TO BE PAID IN FULL ON FRIDAY FOR THE FOLLOWING WEEK. **NO EXCEPTIONS.** Tuition pays for the slot in the camp whether the child is in attendance or not. There is no credit or reduction given due to vacations, illness, or holidays. Camp payments are always paid in advance of service.

2. Parents who do not make timely payments on Friday by 6:00pm, or the last day of the week your child attends will be charged a late tuition fee of \$20.00. All late charges are to be paid in full the week they are charged. Late fees are automatically added to your account Monday mornings.

3. Tuition is due regardless if statements are printed and/or distributed.

4. Parents who wish to enroll in our "auto pay" system will receive a \$4 discount on their weekly tuition. This includes Void check only.

5. Should your child be dropped from the camp for non-payment of fees, an additional finance charge of 2 percent per month will apply until the balance is paid in full. To re-enroll your child parents/guardians will have to pay all tuition fees in full including late & finance charges.

6. SMG Summer Camp closes at 4:00 and 6:00pm. A late fee of \$20 and \$1.00 per minute will be charged per family for late pick-up starting at 4:01 & 6:01pm. Late fees will be added to the weekly statements. This is a rule regardless of reason

7. If your check/card or EFT is returned you will have a \$25.00 return check / late fee applied.

If paying for a complete month of camp (all of June or all of July) then a 10% discount will be applied

The Perpetual Motion Camp Director reserves the right to send home, or terminate the camper's enrollment, if the camper does not comply with the rules and safety procedures, or if the camper's behavior proves detrimental to the health and safety of our campers, staff, or program. No credits or refunds will be issued if your child is sent home or terminated.

Parents Signature: _____ Date: ___/___/20___

Child's Name: _____

PAYMENT INFORMATION:

<p><u>FEES - DUE BEFORE FIRST DAY OF CAMP</u></p> <p>Tuition: You will be paying for your first week of camp. \$10 discount (<u>First week only</u>) if you sign up before April 15</p> <ul style="list-style-type: none">• 1st week tuition – Paying 5 or 3 days a week tuition. Be sure to indicate if you will need extended care. Prices are listed in the next column. <p>Registration & Activities Fee: Price Per Child</p> <ul style="list-style-type: none">• New Members - \$85• Current Members - \$65• If attending 2 weeks or less - \$40 <p>Number of weeks attending: _____</p> <p>Registration & Activities Fee: \$_____ 1st child</p> <p>Registration & Activities Fee: \$_____ 2nd child</p> <p>1st child's First Weeks Tuition: \$ _____</p> <p>2nd child's First Weeks Tuition: \$ _____</p> <p>Total Due: \$ _____ \$10 Discount _____</p> <p>Payment Method Circle One: Cash / Check / Credit Card / EFT (void check)</p>	<p><u>WEEKLY or MONTHLY TUITION</u></p> <p>Camp hours are 8am-4pm Extended Care is 7:30am-6pm</p> <p>5 Days Week \$165 2nd Child Discount \$155 Extended Care: 5 Days Week \$185 2nd Child Discount \$175</p> <p>3 Days Week \$120 / 2nd Child Discount \$115 Extended Care: 3 Days Week \$135 2nd Child Discount \$130</p> <p>*If paying for a complete month of camp (all of June or all of July) then a 10% discount will be applied</p> <p>Circle One: Weekly or Monthly Payments</p> <p>1st child's Weekly Tuition: \$ _____</p> <p>2nd child's Weekly Tuition: \$ _____</p> <p>Total Amount due Weekly: \$ _____</p> <p>Monthly Payment (optional): \$ _____ This will be charged at time of enrollment</p> <p>Payment Method Circle One: Cash / Check / Credit Card EFT (void check)</p>
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I understand that I have a weekly obligation to pay my summer camp tuition on its due date for the weeks I have signed up for. I understand this tuition is due regardless of attendance for the weeks I have signed up for

Parents Signature: _____ Date: ___ / ___ /20___

Child's Name: _____

PAYMENT OPTIONS:

CREDIT CARD: A credit card must be placed on file regardless of payment preference

Card Number: _____ - _____ - _____ - _____ Visa / MasterCard /Discovery

Card mailing address: _____ City: _____ Zip: _____

Exp. Date: ____/20____ Name on Card: _____

Signature: _____ Date: _____

EFT: \$4 WEEKLY DISCOUNT:

Please attach a VOID check

<p>Attach VOID check here</p>

_____ I will be paying weekly with a CHECK. I understand this is due on Fridays or the last day my child attends for the week for the next week.

_____ I will be paying weekly with CASH. I understand this is due on Fridays or the last day my child attends for the week for the next week.

CHECKS OR CASH: Payments are due on Friday for the following week. Please make checks payable to Perpetual Motion. Payments may be made in the gymnastics lobby located across from the camp drop off/pick up room.