

SCG Summer Camp Policies and Parent Handbook:

Contact Phone Number:

Gym: 704-983-2414

Operational Schedule:

The Summer Camp Program at SCG will operate from Monday through Friday 8am – 5pm beginning Monday, June 1st and ending Friday, July 31st. There is no camp June 29-July 3. The Gym is closed for vacation this week.

Late Pick-up Fees:

Parents will be charged a \$15.00 fee for each 15-minute interval or fraction thereof the parent is late picking up at the end of the day. Our coaches have other responsibilities that they must be available for. This fee will be charged to the card on file.

Arrival/Departure:

Upon arrival, parents sign their child in at the front desk. At departure time, please note the time and put your signature on the sign-out sheet. Children will be released only to the persons whose names are listed on the registration form. Parents are to advise SCG if someone other than those persons designated on the registration form is to pick up their child. These persons will be asked to show identification for safety purposes.

Classroom Management:

All students are expected to follow the rules of SCG summer camp. Practices used by the staff are appropriate modeling, redirecting inappropriate behavior, and intervention by a teacher before a problem escalates. Teachers encourage children to use words to solve differences and discuss ways on how to appropriately handle one's feelings. Time out is used when a child is unable to follow the rules. Parents will be informed when we feel it is necessary. We appreciate and expect parental involvement and support. Our program is designed to be a calm, loving, and supportive environment for children so that they can grow into healthy, happy individuals.

After all classroom management techniques have been tried and a child refuses to follow the rules and/or becomes a danger to themselves, other children, or staff, SCG reserves the right to dismiss a child from summer camp without refund. SCG has a no tolerance policy for violence and destruction of property. Hitting another child or staff member and/or intentionally destroying SCG property will result in immediate dismissal from the program.

Clothing:

Children should bring gymnastic attire; leotards/athletic wear for girls and gym shorts and T-shirts for boys. This is appropriate attire for the gymnastics class. Children may bring comfortable clothes for upstairs play. No clothes with buttons, zippers, or snaps are allowed in the gym. This could damage equipment or hurt the child. Refer to schedule for activity attire, which does vary according to the theme of the week.

Personal Electronic Devices:

Absolutely NO electronic devices are allowed at SCG Summer Camp for any reason. This includes cell phones, ipads, ipods, and other gaming devices. **SCG is not responsible for lost or stolen items.** If you need to contact your child in case of an emergency, please call the front desk at (704) 983-2414.

Payment:

Camp payment is due in full on Monday morning and will automatically be charged to the credit card provided in this registration form. Children will not be allowed to attend SCG Summer Camp if there are any outstanding balances.

Notification Of Absence:

Parents must notify SCG by 10am if a child is going to be absent.

Two-Week Cancellation Notice:

Due to the limited availability of our camps, a two-week cancellation notice is required to cancel a pre-registered week of camp. **Unless this notice is given, you will still be responsible for paying the full balance of the camp. All deposits are non-refundable and non-transferable to other weeks.**

Illness:

When a child becomes ill after arriving at the gym, every effort will be made to contact the parents or emergency contact person. Please keep us informed of any changes in phone numbers so that we may contact you as quickly as possible.

Medical Information Form:

A medical information form for each child will be required prior to initial enrollment. Medical information should be updated as necessary. Medical forms are confidential. PARENTS MUST INFORM SCG STAFF OF SERIOUS ALLERGIES TO INSECTS/FOOD OR DRINK ITEMS. IF NECESSARY, AN INHALER OR EPI PEN MUST BE PROVIDED TO HAVE ON SITE FOR CHILDREN WITH SERIOUS ALLERGIES ALONG WITH SPECIFIC INSTRUCTIONS OF USE.

Medication Policy:

Medication will not be administered at SCG. For special circumstances, see Director.

Emergency First Aid Procedures:

In cases of minor injury, a staff member will administer basic first aid and will notify the parents at the time of pick up. In the case of other injuries, parents will be given an Incident Report Form with specific information about how and when the injury occurred. A copy of this form will be placed in the child's file.

If the injury or illness requires medical attention, the Director will call the parent(s) immediately. If a parent cannot be reached, the child's physician and the alternative emergency contact designated on the registration form will be called. The Director will also continue to contact the child's parents.

In the event of a serious illness or accidental injury, children will be transported to Stanly Regional by ambulance unless another hospital is designated on the child's enrollment records.

Mandated Reporting of Child Abuse and Neglect:

In accordance with North Carolina Law on Child Abuse and Neglect, caregivers are required to report suspected cases of child abuse and neglect. If such a case is observed or suspected, it will be immediately reported to the Camp Director and the Director will immediately notify the Stanly County Department of Social Services.

2026 SCG Summer Camp Registration Form:

****ALL Information MUST be completed and placed on File prior to enrollment****

CHILD INFORMATION:

Last Name _____ First _____ MI _____
Nickname _____ Birth date ____/____/____ Age _____ Gender: M / F

INFORMATION ABOUT THE FAMILY:

Father/Guardian Name _____
Address _____ Zip Code _____
Dad's Work Phone: _____ Dad Cell # _____
Dad's Email Address _____

Mother/Guardian Name _____
Address _____ Zip Code _____
Mom's Work Phone: _____ Mom Cell # _____
Mom's Email Address _____

EMERGENCY CARE INFORMATION: (ALL INFORMATION REQUIRED)

Name of Child's Doctor _____ Phone # _____
Hospital Preference _____ Phone # _____
Insurance Carrier _____ Policy # _____

Emergency Contact (If parents/guardians cannot be contacted):

Name _____ Home # _____ Cell # _____
Name _____ Home # _____ Cell # _____

Child may be released/picked up by (other than parents/guardians):

Name _____ Relationship _____
Name _____ Relationship _____

Emergency Transportation Permission:

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Signature of Parent/Guardian _____ **Date** _____

I, as the operator, agree to provide transportation to an appropriate medical resource in the event of an emergency. I will not administer any drug or medication without specific instructions from the physician or the child's parent/guardian.

Signature of Operator(s) Holly Pennell / Paige Isenhour / Whitney Tucker **Date:** Feb, 2026

INFORMATION ABOUT YOUR CHILD:

- 1. Does your child have any special medical concerns? Yes/No
If yes, please explain in detail:

- 2. Does your child have any known allergies to food/drinks? Yes/No
If yes, please explain in detail:

- 3. Does your child have any known allergies to insects? Yes/No
If yes, please explain in detail:

- 4. Has your child ever been stung by a bee before? Yes/No
If yes, did they have an allergic reaction? Yes/No
If yes, please explain in detail:

- 5. Does your child have any known allergies to sun screen/bug spray? Yes/No
If yes, please explain in detail:

- 6. Does your child have any known allergies to Triple Antibiotic/Anti Itch Cream/Band-Aids? Yes/No
If yes, please explain in detail:

- 7. For severe allergies/Asthma, does your child require an EPIPEN/Inhaler? Yes/No
If yes, please provide and explain procedure:

SCG Staff Members will administer basic first aid that includes ice packs, band aids, Triple Antibiotic Ointment, Anti-Itch Cream, ace bandage and athletic tape wraps.

- 8. Do you give permission to SCG Staff Members to administer basic first aid included above? Yes/No

Signature of Parent/Guardian _____ Date _____

FOR SEVERE HEALTH CONCERNS OR ALLERGIES, PLEASE SPEAK DIRECTLY WITH CAMP DIRECTOR WITH SPECIFIC INSTRUCTIONS AS TO PREVENTION AND EMERGENCY CARE

SCG Summer Camp Policies and Parent Handbook (included in this packet):

I have read and understand the information provided by SCG regarding Summer Camp Policies, Rules, and Regulations.

Signature of Parent/Guardian _____ Date _____

Please circle Full Day Camp or ½ Day Camp beside the weeks you plan to attend

June 1-5: "Summer Vacay Begins"	Full Day Camp	½ Day Camp
June 8-12: "Disney & Superhero Week"	Full Day Camp	½ Day Camp
June 15-19: "Wet N Wild"	Full Day Camp	½ Day Camp
June 22-26: "Camping Adventures"	Full Day Camp	½ Day Camp
June 29-July 3: GYM CLOSED		
July 6-10: "Pirates & Treasure Hunts"	Full Day Camp	½ Day Camp
July 13-17: "SCG Olympics"	Full Day Camp	½ Day Camp
July 20-24: "Blast Off! Space Week"	Full Day Camp	½ Day Camp
July 27-31: "All Star Sports Week"	Full Day Camp	½ Day Camp

**A deposit is required for each week to reserve your child's spot(s).
The deposit is \$75 non-members, \$50 members & \$40 competitive team.
All deposits are non-refundable and non-transferable to other weeks.**

FOR OFFICE USE ONLY:

Amount of Deposit Paid _____ Date Paid _____

Member / Non-member / Team

Permission to Photograph and Publish:

Stanly County Gymnastics uses photos of members for newspaper articles and promotional materials such as ads, flyers, brochures, websites, and social media.

_____ I give permission for my child to be photographed.

_____ I do NOT give permission for my child to be photographed.

Signature of Parent/ or Legal Guardian _____ Date: _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of participating in the GYMNASTICS/SUMMER CAMP, 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, costs, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue STANLY COUNTY GYMNASTICS, INC, 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 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 Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which 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.

Printed Name of Participant (Student) _____
Date

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, less liability, damage, or cost any Releasee may incur as the result of any such claim.

Printed Name of Parent / or Legal Guardian _____
Date

Signature of Parent / or Legal Guardian

Recurring Payment Authorization Form

Your weekly camp payment will be automatically charged to your Visa or MasterCard. Please complete and sign this form. You will be charged the amount indicated on the summer camp registration form. You agree that no prior-notification will be provided.

Please complete the information below:

I, _____, authorize **Stanly County Gymnastics, Inc** to charge my credit card for summer camp weekly balances on the weeks I have registered my child.

Credit Card Information:

Circle type of card:	____ Visa ____	____ Mastercard ____
Cardholder Name:	_____	
Credit Card Number:	_____	
Expiration Date:	_____	
Zip Code:	_____	
CVV Code:	_____	
Billing Address (street number only):	_____	

I agree to notify **Stanly County Gymnastics, Inc.** in writing of any changes in my account information. I understand that I will be charged the full weekly tuition amount if I do not inform SCG of cancellation at least 1 week in advance of the weekly draft.

I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company, so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY:

Child name: _____ Parent Name: _____

Weeks attending summer camp: _____