



National Elite Gymnastics

7632 Hwy 71 West Austin, TX 78735

512-288-9722 office 512-288-4643 fax

www.neg-usa.com neg-usa@outlook.com

Fall Break Camp 2017

November 20th – November 22nd

Ages 5 - 12

Fees:

Daily Rates w/ Field Trip included

\$5.00 discount per day for siblings

Date	Field Trip	NEG Full Time Afterschool Members Cash or Ck / Card	Non Afterschool Members Cash or Ck / Card
Mon. 11/20	Mount Playmore	\$57.00 / \$59.85	\$67.00 / \$70.35
Tues. 11/21	Dave & Busters	\$70.00 / \$73.50	\$80.00 / \$84.00
Wed. 11/22 *TBA*	West Gate Lanes	\$47.00 / \$49.35	\$57.00 / \$59.85

Daily Schedule:

Monday, November 20th

Mount Playmore - Please arrive by 9:30 a.m.

***Must bring socks. Lunch and a \$5 game card included.**

7:30 – 8:30	Parent Drop Off
8:30 – 9:00	Games
9:00 – 10:00	Gymnastics
10:15 – 4:00	Field Trip / Lunch
4:00 – 4:30	Open Gym
4:30 – 4:45	Snack
4:45 – 6:30	Outdoor Play / Arts & Crafts / Inside Play / Parent Pickup

Tuesday, November 21st

Dave & Busters - Please arrive by 9:30 a.m. *Lunch and a \$20.00 game card is included. Parents are allowed to send extra money to add onto the game cards.

7:30 – 8:00	Parent Drop Off
8:00 – 9:00	Games
9:00-10:00	Gymnastics
10:15-4:00	Field Trip / Lunch
4:00 – 4:30	Open Gym
4:30 – 4:45	Snack
4:45 – 6:30	Outdoor Play / Arts & Crafts / Inside Play / Parent Pickup

Wednesday, November 22nd (Tentative Based on Attendance)

Westgate Lanes – Please arrive by 10:30 a.m.

***Bring a sack lunch, socks, and tennis shoes.**

7:30 – 8:30	Parent Drop Off
8:30 – 9:30	Games
9:30 – 10:30	Gymnastics
10:30 – 11:30	Open Gym
11:30 – 12:00	Lunch
12:00 – 3:00	Field Trip
3:00 – 4:00	Gymnastics
4:00 – 4:30	Snack
4:30 – 6:30	Outdoor Play / Arts & Crafts / Inside Play / Parent Pickup



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Child's Name: _____ Sex: ____ Age: ____ D.O.B.: ____/____/____

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Address: _____ City: _____ Zip: _____

Parent's Name: _____ Parent's Name: _____

Home #: _____ Home #: _____

Cell #: _____ Cell #: _____

Work #: _____ Work #: _____

Email: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to the nearest medical facility.

Signature of Parent or Guardian: _____

Child's Physician: _____ Phone #: _____

Any known medical problems: _____

RELEASE OF LIABILITY

All precautions will be taken to prevent accidents. However, should an accident occur, first aid will be administered and parent or doctor will be notified, if necessary. National Elite Gymnastics and staff cannot be held liable for injuries that occur on gym premises or otherwise in the care of National Elite Gymnastics personnel.

I/We _____ assume all responsibility and waive any claim for compensation for injury incurred by my child while at National Elite Gymnastics and hereby agree to indemnify or hold harmless the gym, its owners, and employees against any and all claims which may arise from an injury to my child while participating in the program. I have read and abide by the guidelines.

Signature of Parent or Guardian: _____ Date: ____/____/____

I, hereby give my permission to National Elite Gymnastics to provide transportation to and from the field trips.

Signature of Parent or Guardian: _____ Date: ____/____/____

_____ Monday 11/20/17 _____ Tuesday 11/21/17 _____ Wednesday 11/22/17 (Tentative)

Please mark which days your child/children will attend camp.