

Summer CAMP



ALL AROUND
GYMNASTIC ACADEMY

2025

For **KIDS** who just
wanna have FUN!

JUNE 23 - AUGUST 22

HALF AND FULL DAY
OPTIONS AVAILABLE



REGISTER
TODAY!

CALL, VISIT OR
REGISTER
ONLINE!

Structured Lessons, Games,
Arts and Crafts, Waterslide,
Open Gym, Outdoor
Activities, and more...!



*AGES 5 AND UP

For More information, contact us :

allaroundgymnasticacademy.com

508.695.2600

149 Washington St., Plainville MA 02762

And, the gym is...

AIR CONDITIONED!

STAMPED WITH ADVENTURE, CAMP IS WAITING FOR YOU!

2025 Weekly Camp Themes



Under the Sea

Week 1: June 23 - 27



Stars & Stripes

Week 2: June 30 - July 03



Wild, Wild West

Week 3: July 07 - 11



Camp Rock

Week 4: July 14 - 18



Winter in July

Week 5: July 21 - 25



Mad Science

Week 6: July 28 - Aug 01



Carnival

Week 7: Aug 04 - 08



Trick -or- Treat

Week 8: Aug 11 - 15



Color Wars

Week 9: Aug 18 - 22



REGISTER TODAY!

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Summer CAMP REGISTRATION



Camper's Name: _____

<p>Half Days are either 9 - 12 or 12:30 - 3:30 Full Day Camp is from 9:00 - 3:30 \$48 per half day \$86 per Full day Please (x) which days you will be attending below</p>							Extended Day	
							8:30 - 9:00	3:30 - 4:30
							\$7/Day	\$14/Day
Camp Week	M	T	W	Th	F	Half Day	AM	PM
June 23 - 27						AM PM		
June 30-July 3						AM PM		
July 7 - 11						AM PM		
July 14 - 18						AM PM		
July 21 - 25						AM PM		
July 28 - Aug 1						AM PM		
Aug 04 - 08						AM PM		
Aug 11 - 15						AM PM		
Aug 18 - 22						AM PM		

***A current copy of their most recent physical is due upon registering for camp.**

Summer Registration Fee (waived for current members): \$10/child or \$20/family

20% Sibling Discount

Secure Your Spot. Call Today!

This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health.



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GYMNASTIC ACADEMY



CAMPER INFORMATION

Student's Name: _____ F _____ M _____

Address: _____ City: _____ Zip: _____

Birthday: _____ - _____ - _____ Age: _____ Grade in School: _____

Telephone: Home: (____) _____ Cell Phone: (____) _____

Billing Address if different:: _____

Emergency Contact: _____ Emergency Phone: _____

Guardian's Name: _____ Work Phone: (____) _____

Guardian's Name: _____ Work Phone: (____) _____

Required Email: _____

(A.A.G.A. is Earth friendly facility and to limit the excessive waste of paper use we are using "E-mail Updates" to communicate with our customers.)

Does your child have any allergies? If so, please specify if allergen and if reaction is caused by contact, ingestion, ect.

If yes, please specify reaction and treatment needed:

Does your child have any medical conditions or special needs we should be aware of? If yes, please specify:

Is your child on medication that s/he will need to take during camp? (Please also complete the separate medication administration form) **YES / NO**
(Please note, this information will be kept on a need-to-know basis for camp staff only. We request this information to provide the best camp experience possible for your child.)

Please Check that the following have been received PRIOR to the start of camp:

Health Form turned into AAGA (Requirement per the board of health, **NO** child will be admitted without this turned in)

A Copy of AAGA Summer Camp Policies for you to review and keep

