



JUNE 23 - AUGUST 22 HALF AND FULL DAY **OPTIONS AVAILABLE**

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





For More information, contact us : allaroundgymnasticacademy.com

Sunnes

For

who just

wanna have FUN

508.695.2600 149 Washington St., Plainville MA 02762

And, the gym is...

AIR CONDITIONED!

STAMPED WITH ADVENTURE, CAMP IS WAITING FOR YOU!

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**

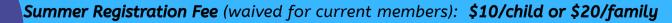
Week 9: Aug 18 - 22

REGISTER TODAY!

508.695.2600 allaroundgymnasticacademy.com



Half Days are either 9 - 12 or 12:30 - 3:30 Full Day Camp is from 9:00 - 3:30						Extend	Extended Day	
\$48 per half day							8:30 - 9:00	3:30 - 4:3
\$86 per Full day Please (x) which days you will be attending below						\$7/Day	\$14/Da	
Camp Week	м	т	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		34				AM PM		
Aug 11 - 15						AM PM		
Aug 18 - 22						AM PM		
20% Sibling Discount		r Regis	stratio	upon on Fee	r egist (waived	most recent present pr	bers): \$10/child	or \$20/far



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



CAMPER INFORMATION

Student's Name:		F	М				
Address:		_City:	Zip:				
Birthday:							
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.)



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

