



Summer Theme Week Registration 2026



3A Spaceway Lane, Hopedale,
MA 01747



**Payment is required to
reserve your spot.**

Hours: 9am-1pm

Full week half day \$200

Three Day (min) half day \$150

* All payments are final (no refunds) and are due at the time of sign up.

Please (X) which days you will be attending below

Theme / Date	M	T	W	T	F	
June 22-26 Splish, Splash Summer Bash						
June 29-July 3rd- (4 days only \$175) Neon Carnival Fun						
July 6-10 th Unicorns, Fairytale & Sparkles						
July 13-17th K-pop Take Over						
August 3-7 th Camp Enchantment- Disney Princess, Superheroes & Descendants						
August 10-14 th Pop Stars Unite- mix of pop stars and music fun!						
August 17-21 Endless Summer Fun						

Students Name _____ M F Age _____ Birthdate _____ Home _____

Phone _____ Cell Phone _____

Address _____ City _____ Zip _____ Mothers _____

Full Name _____ Fathers Full Name _____

Mothers Work Phone _____ Fathers Work Phone _____ Email _____

Full payment due with registration – Amt. Paid _____

Medical Questionnaire:

Does your child have any allergies? If so please specify –
Does your child have any medical conditions we should be aware of?
Is your child on any medication that she/he will need to take during camp?

Medical Release Form

The undersigned gives permission for the Gym I & II, Inc./ The McKeon Center owners, officers, employees, and/or agents to seek emergency medical treatment for the student in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19 ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of **Gym I & II Inc. / DBA McKeon Dance & Gymnastics Center** gymnastics and dance program and related events and activities, the undersigned acknowledges, appreciates, and agrees that: 1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS (**Gym I & II Inc. / DBA McKeon Dance & Gymnastics Center**) their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____ Participant signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releases and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releases for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent/Guardian Signature _____ Date _____