



# Summer Theme Week Registration 2025

3A Spaceway Lane, Hopedale, MA 01747



Hours: 9am-1pm  
 Full week half day \$195.00  
 Three Day (min) half day \$145.00  
 \* All payments are final (no refunds) and are due at the time of sign up.

**Payment is required to reserve your spot.  
 5% off each additional week if registered by May 15th**

Please (X) which days you will be attending below

Theme / Date	M	T	W	T	F	
June 23-27- Splash into Summer						
June 30-July 2 <sup>nd</sup> - Pajama Party in the USA						
July 14-18 <sup>th</sup> - Wicked Adventure						
July 28-August 1 <sup>st</sup> - In my Swiftie Era						
August 4-8 <sup>th</sup> -Magical Mashup- Disney Princess, Super heroes & Descendants						
August 11-15 <sup>th</sup> Unicorns, Fairy Tales & Sparkles						
August 18-22 <sup>nd</sup> - Welcome to the Carnival						

Students Name \_\_\_\_\_ M F Age \_\_\_\_\_ Birth-date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mothers Full Name \_\_\_\_\_ Fathers Full Name \_\_\_\_\_

Mothers Work Phone \_\_\_\_\_ Fathers Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Full payment due with registration – Amt. Paid \_\_\_\_\_

**Medical Questionnaire:**

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

**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 \_\_\_\_\_

