



# SUMMER PROGRAMS

Gold's Gym Lagrange

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# SUMMER PROGRAMS

Gold's Gym Lagrange

**Ages 5 -13 years**

# fun camp

Our FUN camp provides a wide variety of games and activities to keep your child entertained! Games/Activities will consist of the following (but not limited to): field games (kickball, tag, soccer, nerf baseball), court games (basketball, SPUD, dodge ball), arts & crafts, scavenger hunts, contests, field trips and "Ice Cream Fridays." Speciality activities such as soccer demos, basketball demos and fitness workouts will be provided by our coaches and trainers. This will give your child an opportunity to try new activities. Field trip schedule to be provided in confirmation letter on the first day of camp. All campers attending the day of a scheduled field trip will participate in the activity. Camp T-shirt (provided) must be worn on all field trips.

All campers should bring a brown bag lunch, healthy snack and beverage.

**FULL & 1/2-DAY  
OPTIONS  
AVAILABLE!**

### **COST:**

Weeks 1-8: \$160 per week (member)  
\$175 per week (non-member)  
*Multiple week discounts available.  
Family discounts available.*

1/2-Day Option: \$95 per week (member)  
\$110 per week (non-member)  
*(Minimal extra fee for field trip).*

### **CALENDAR & TIMES:**

- Week 1: June 29-July 3
- Week 2: July 6-July 10
- Week 3: July 13-July 17
- Week 4: July 20-July 24
- Week 5: July 27-July 31
- Week 6: August 3-August 7
- Week 7: August 10-August 14
- Week 8: August 17-August 21

Session Time: 9:00am-1:00pm (1/2-day option)  
9:00am-4:00pm

### **Extended Care for Fun Camp**

Early Drop-Off: 8:30am \$5.00 per week  
Late Pick-Up: 5:30pm \$20.00 per week

# action-packed camps for kids of all ages!

## soccer camp

### Ages 5 - 13 years

**COST:** \$120 week (member)  
\$150 week (non-member)

#### CALENDAR & TIMES:

Week 1: June 29-July 3  
Week 4: July 20-July 24

Session Time: 9:00am-12:00 noon

*Come improve your soccer skills with the New York Soccer Academy summer camp program directed by Gary Montalto, Arlington Boy's Varsity Soccer Coach and Kieran McIlvenny, Arlington Girl's Varsity Soccer Coach. Activities will include instructional exercises and scrimmaging. The goal of the NYSA camp is to promote sportsmanship and respect as well as teaching the technical and tactile skills of the game.*

*What to bring:*  
*shinguards*  
*sneakers or cleats (indoor or outdoor)*  
*soccer ball*  
*healthy snack and water bottle*





# SUMMER PROGRAMS

**Gold's Gym Lagrange**

**Ages 8 - 11 years  
(boys & girls welcome)**

*Come improve your basketball skills with basketball camp organizer, Kim Costello, and assistant Callie Mack. Kim has been an AAU and high school basketball coach for 6 years, and is currently the Girl's Varsity basketball coach at Arlington. Callie has been coaching youth and AAU basketball for 6 years. This camp will focus on the fundamentals of the game while stressing the importance of teamwork and maintaining a positive attitude. Our goal is to lead campers to develop their own basic skills and to give them a better understanding of the game.*

*Bring a healthy snack and water bottle.*

## basketball camp

**COST:** \$120 per week (member)  
\$150 per week (non-member)

**CALENDAR & TIMES:**

Week 3: July 13-July 17

Session Time: 9:00am-12:00 noon



**action-packed camps for kids of all ages!**

# summer tune-up

**COST:** \$105 per person  
(price includes a 1-month Gold's Gym membership)

**CALENDAR & TIMES:**

**SOCCER**

Week 7: August 10-August 14

**BASKETBALL**

Week 7: August 10-August 14

Session Time: 10:00am-2:00pm

## **Junior Varsity/Varsity Soccer or Basketball Players**

*Do you want to get ready for your season? Come join us for a pre-season tune-up to improve your skills and stamina and get ready for the upcoming season. Activities will include 1.5 hours of drills and playing, 1 hour of agility training and 1 hour of a gym group exercise class. Soccer camp is led by Kieran McIlvenny, Arlington Girl's varsity soccer coach. Kim Costello, Arlington Girl's varsity basketball coach will lead the basketball camp.*



# SUMMER PROGRAMS

## Gold's Gym Lagrange

### registration & important info

A \$25 non-refundable deposit per session deposit is due at time of registration. The balance is due prior to the session start. We reserve the right to cancel your registration if payment is not received by due date.

**Refund Policy:** Summer Camp Programs are non-refundable unless program/camp is cancelled by Gold's Gym.

**Cancellations:** We reserve the right to cancel a program/camp due to low enrollment. Registrants will be notified one week prior to scheduled start date. In the event a program/camp is cancelled by Gold's Gym, full refunds will be issued.

**All camp programs require pre-registration** Registration is first come, first served. All programs have limited availability. If minimum number is not met one week prior to camp start date, the camp will be cancelled.

**Open registration will begin on Tuesday, April 7, 2009.**

Registration can be done at the front desk. Registration forms are available on the information wall located near the front lobby or online at [www.goldsgym.com](http://www.goldsgym.com) (Poughkeepsie/Lagrange, Gold's Gym)

#### **TEMPERATURE-CONTROLLED FACILITY:**

All games and activities are led by our trained staff and take place in our air-conditioned facility—no need to worry on those HOT or rainy days!

#### **DROP-OFF:**

Please be sure to sign your child into camp with a camp counselor and notify the counselor of any information needed for the day. Drop-off will begin 10 minutes prior to the start of camp. Extended Care program is available for Full Day camps.

#### **PICK-UP:**

Accurate information is required on all individuals authorized to pick up your child from camp. If an individual is not listed on the registration form, he or she will NOT be able to pick up the child. A valid photo ID must be shown at each pickup. A late fee of \$5.00 per 5 minutes will be charged if a parent/guardian is late for pickup. Please be considerate of this policy. There is a Late Pick-up program available for the full day camp (see page 2).

#### **BEHAVIOR:**

Camp staff will contact parent and/or guardian if a child is not behaving appropriately. If the inappropriate behavior is consistent, parents will be asked to remove their child from camp. Refunds will not be issued for removal due to inappropriate behavior.

#### **PHOTO RELEASE:**

Gold's Gym regularly takes group and individual photos/videos during the summer camp programs for marketing and promotional use. Parents who do not wish their child to be photographed should speak with the child's counselor at the start of the session.

#### **LUNCH:**

For all camps that are held during lunch hours, please be sure to send a bag lunch for your child.\* No glass bottles.

\* Due to an increase in food allergies, we will ask that you not pack foods containing peanut butter or peanut products.

#### **WHAT YOUR CHILD SHOULD BRING:**

Each camper will receive one Gold's Gym Camp T-shirt. This shirt MUST to be worn on all field-trip days. It is preferred that sneakers and comfortable clothing be worn to all sessions. Each camp will differ slightly as to what is needed. It is highly recommended that children do not bring items of value (I-Pods, MP3 players, Gameboys, or other handheld games). HEELYs are not permitted. Gold's Gym and its staff is not responsible for broken, lost or stolen items. Approximately one week prior to camp start date you will receive a letter containing pertinent information regarding your child's camp: what to bring, where to report, trip schedule and a reminder of any balance due.

# action-packed camps for kids of all ages!

# registration form

Child's Name: \_\_\_\_\_ Sex:  M  F

Address: \_\_\_\_\_

Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Age on 1st day of camp \_\_\_\_\_

Shirt Size:  S  M  L

School District: \_\_\_\_\_ Grade (Sept 2009): \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Member #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Has child attended a Gold's Gym Camp program here in the past?

YES  NO

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## AUTHORIZATIONS:

I authorize the following people to pick up my child from camp. (I understand and will notify those listed that photo ID is required at time of pickup) I will notify Gold's Gym in writing if any of this information changes.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_ Please check here if **ONLY** the parent(s) of the registered child are authorized for pick up.

## Conditions of Attendance:

In consideration of Gold's Gym Family Sports Complex allowing my child to participate, I, as parent and/or legal guardian of

\_\_\_\_\_  
(child's name, a minor), do hereby release, discharge, indemnify and hold harmless Gold's Gym Family Sports Complex, its owners, directors, officers, employees, instructors, and staff, and waive any and all claims or liabilities for any injuries, losses, or damages, including without limitation, injuries to my child, myself and/or property, arising out of incident to my child's participation in the Children's Programs at Gold's Gym Family Sports Complex. Additionally, I authorize the staff of Gold's Gym Family Sports Complex to act on my behalf, in accordance with their best judgment, in any medical emergency deemed necessary for my child. By signing this registration form, I also give Gold's Gym permission to take photographs/video footage of my child participating in the program in which he/she is enrolled. I understand these photographs/videos may be used by Gold's Gym for marketing and/or promotional purposes.



# SUMMER PROGRAMS

## Gold's Gym Lagrange registration form

(Write the member or non-member rate in the corresponding box below.)

Session #	1 6/29 - 7/3	2 7/6 - 7/10	3 7/13 - 7/17	4 7/20 - 7/24	5 7/27 - 7/31	6 8/3 - 8/7	7 8/10 - 8/14	8 8/17 - 8/21	Early Drop-off 8:30 a.m. \$5/week	Late Pick-up 5:30 p.m. \$20/week
<b>Full Day Fun Camp</b> (9:00 a.m. - 4:00 p.m.) Member \$160/week Non-Member \$175/week									Circle the session: 1 2 3 4 5 6 7 8	Circle the session: 1 2 3 4 5 6 7 8
<b>1/2 Day Fun Camp</b> (9:00 a.m. - 1:00 p.m.) Member \$95/week Non-Member \$110/week (Minimal extra fee for field trip).									Circle the session: 1 2 3 4 5 6 7 8	
<b>Soccer Camp</b> (9:00 a.m. - 12:00 noon) Member \$120/week Non-Member \$150/week										
<b>Basketball Camp</b> (9:00 a.m. - 12:00 noon) Member \$120/week Non-Member \$150/week										
<b>Summer Tune-Up</b> (10:00 a.m. - 2:00 p.m.) \$105/person										
<b>TOTALS</b>										

**Family Discount:** 10% Off additional children from the same family.  
**Multiple Camp Discount:** 10% Off if child is registered for 4 or more sessions.

**TOTAL OWED**

Discount Applied: _____	Total Owed: _____	Staff Initials: _____
Deposit Date: _____	Amount Paid: _____	Cash, Check #: _____ or Charge
Remaining Balance Due (after deposit): _____ (MUST BE PAID PRIOR TO START OF CAMP)		

### RECORD OF ALL PAYMENTS MADE FROM REMAINING BALANCE ABOVE

Date	Payment Amount	Staff Initials	Remaining Balance

**BE SURE TO STAPLE A COPY OF ALL RECEIPTS TO THIS FORM.**

**Refund Policy:** Payments are NON-REFUNDABLE. Money may not be transferred to another camper. No refunds or substitute days will be granted.

# action-packed camps for kids of all ages!

## health form

1. Campers **MUST** bring this signed form on the first day of camp in order to participate in the activities.
2. In the event of an emergency, the information on this form is crucial.
3. Please complete this form accurately and carefully.
4. Note that Section I is to be completed by the parent or guardian, and Sections 2-5 **MUST** be completed by a Health Care Provider. (Both must be signed and dated on the back of this form).

### PRIVACY NOTIFICATION

Because this form asks for personal information, the Personal Privacy Protection Law requires that you be given this notice. Information requested on this form is pursuant to Public Health Law 225, 7-28 and is required to alert camp administration of special medical needs of the camp population. It will be treated as confidential medical information and will be given to appropriate medical service providers in case of an emergency. This form will be filed by Camp Health Director. **FAILURE TO PROVIDE THIS INFORMATION WILL RESULT IN THE CAMPER FORFEITING HIS OR HER REGISTRATION TO ATTEND CAMP.**

<b>I. EMERGENCY INFORMATION:</b>			
Camper's Name (Last, First, MI)	Birth Date	Age on 1st Day of Camp	Gender
Parent/Guardian Name (Last, First, MI)		Work/Cell Number	
Parent/Guardian Name (Last, First, MI)		Work/Cell Number	
Home Address		Home Number	
Country	City	State	Zip Code
<b>If NOT available in emergency, please notify:</b> (Make sure the person(s) indicated below are aware they have been listed for emergency purposes.)			
Name	Relationship	Telephone	
Name	Relationship	Telephone	



# SUMMER PROGRAMS

## Gold's Gym Lagrange health form

### HEALTHCARE PROVIDER TO COMPLETE THE FOLLOWING:

#### 1. IMMUNIZATION HISTORY: Please check and give date of completion, if current.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Tetanus _____                 | <input type="checkbox"/> Mumps _____                        | <input type="checkbox"/> Polio _____   |
| <input type="checkbox"/> Measles _____                 | <input type="checkbox"/> Meningitis _____                   | <input type="checkbox"/> Rubella _____ |
| <input type="checkbox"/> DPT Series _____              | <input type="checkbox"/> Hepatitis B _____                  |  |
| <input type="checkbox"/> Chicken Pox (Varicella) _____ | <input type="checkbox"/> Haemophilus Influenza Type B _____ |  |

#### 2. HEALTH HISTORY: Check if current.

##### Continuing Conditions:

- |  |                                      |                                       |                                      |
|--|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Glasses      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Heart Disease   | <input type="checkbox"/> Diabetes    | <input type="checkbox"/> Hearing Loss |                                      |
| <input type="checkbox"/> Ear Infections  | <input type="checkbox"/> Asthma      | <input type="checkbox"/> Contacts     |                                      |

##### Allergies:

- |  |  |
|--|--|
| <input type="checkbox"/> Insect Stings       | <input type="checkbox"/> Medication(s) _____ |
| <input type="checkbox"/> Environmental _____ | <input type="checkbox"/> Other _____         |

##### General Assessment:

Physical Examination Date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Is this child capable of participating in the full program, including physical activities?

Yes      No (please indicate restrictions below)

#### 3. CONDITIONS, RESTRICTIONS AND RECOMMENDATIONS RELEVANT TO CAMP ACTIVITIES:

Special Diet	Strenuous Activity
Serious Injuries or Operations	Chronic or Recurring Illness or Conditions
Other Diseases	Specific Activities to be Restricted

#### 4. MEDICATIONS TO BE TAKEN AT CAMP: IMPORTANT! Medications must be supplied in their original dispensing container with the original label with prescription dosage and other instructions attached.

Medication	Dosage

Health Care Provider (print name):	License #:
Address:	Phone #:
Signature:	Date:

Parent/guardian (print name):	
Signature:	Date:

Additional Information/Other Concerns: