

SPRING BREAK CAMP

March 30 –April 3 2026

Su Mo Tu Wed Th Fri Sat

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DEPOSIT & PAYMENT

A non-refundable deposit of \$25.00 is due for camp. Your deposit will be applied to the weeks tuition.

Registration is due prior to the start of camp.

* Register early to ensure your child's spot!



YOUTH SPORTS GYMNASTICS

14023 NOBLEWOOD PLAZA DRIVE
WOODBIDGE, VA 22193

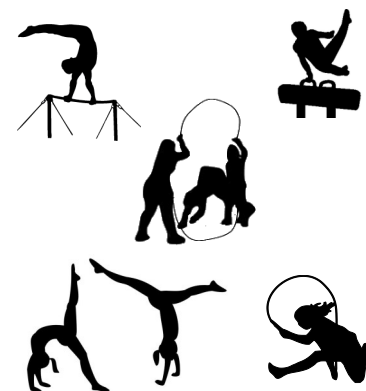
Phone: 703-590-8400

www.youthsportsva.com

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YOUTH SPORTS



14023 Noblewood Plaza
Woodbridge, VA 22193
703-590-8400

www.youthsportsva.com

MARCH 30 - APRIL 3, 2026

SPRING GYMNASTICS CAMP

YOUTH SPORTS, Virginia Training Center's Camp Program gives kids of all gymnastics backgrounds and ages a chance to develop new skills, make new friends and above all have loads of fun! Gymnastics Camp is open to kids ages 5 - 12. The kids will participate in gymnastics, jump rope, arts and crafts, trampoline, movies and more. A schedule for the week will be handed out on the first day of camp. All full day campers will need to bring 2 snacks and a bag lunch each day. Campers also need to bring a water bottle with enough water for the day. Refillable bottles may be filled at the front desk and water is available in the vending machine at a cost of \$1. Names should be clearly labeled on all personal belongings. Personal devices are allowed, however they may not be shared and Youth Sports will not be responsible for loss or damage to the devices.

** Note: Competitive Team Members may participate at any age and specialty camps may have different age requirements.

PAYMENT DEPOSIT \$25.00

(APPLIED TOWARD TUITION)

730 am-4:30 pm

- Late pick-up available at an additional fee of \$5.00/Hour. (Must be pre-arranged and scheduled)

CAMP RATES

5- DAY Full Day Special Rate \$250.00

5- DAY 1/2 Day Special Rate \$190.00

\$65.00 Daily Rate

\$45.00/ Half Day

March 30, 31, April 1, 2, 3

10% Sibling and Active Military Discount

(discount received after first child)

Active Military Discount (with ID)

Spring Break Camp Registration Form

PARTICIPANT INFORMATION

Name _____

Address _____

Participant Age: _____ (must be 5 years old)

Date of Birth: _____

Health / Medications / Allergies _____

Please check Camp options registering For:

5- Days ____ 1/2 Day: \$190.00

5- Days ____ Full Day: \$250.00

Daily ____ 1/2 Day \$45 ____ Full Day \$65

Please Check Days Attending: ____All

____ Mon 3/30 ____ Tue 3/31 ____ Wed 4/1

____ Thu 4/2 ____ Fri 4/3

PARENT/GUARDIAN INFORMATION

First Name _____

Last Name _____

E-mail : _____

Emergency Phone # _____

Additional Phone # _____

INSURANCE / PHYSICIAN INFORMATION

Physician Name _____

Phone # _____

Insurance Co. _____

ID # _____

DEPOSIT / PAYMENT INFORMATION

Deposit: Cash ____ Check # ____ CC ____ Date ____

Amount of Deposit Paid \$ _____

(Please make checks payable to Youth Sports)

YOUTH SPORTS SPRING CAMP INDEMNITY

I fully understand that Youth Sports Staff members are not Physicians or Medical Practitioners of any kind. With the above in mind, I hereby release the Youth Sports Staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Youth Sports Staff to call our doctor and to seek medical help, including transportation by a Youth Sports Staff Member or its representatives, whether paid or volunteer, to seek any health care facility or hospital, or the calling of an ambulance for said child should the Youth Sports Staff deem this to be necessary.

We, the staff of Youth Sports recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sports of gymnastics, jump rope, trampoline, tumbling, cheerleading, and dance. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics, jump rope, trampoline, tumbling, cheerleading and dance, can be dangerous and lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and the coaches' instructions. The Youth Sports, its coaches and other staff members, will not accept responsibility for injuries sustained by any student participating in the Youth Sports Summer Camp Program.. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Youth Sports. I, my executors, or representatives, waive and release all rights and claims for damages that I or my child may have against Youth Sports or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalizations, health and accident insurance coverage which I consider adequate for both by child's protection and my own protection. I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. Youth Sports will only warn the child through "Safety Messages" and our teaching styles and progressions.

I/We also give Youth Sports permission to use any videos or photographs of the participant for publicity or promotional purposes.

Parent/guardian Signature: _____

Date: _____

Please sign and date here