

# Harford Gymnastics 2022 Summer Camp



We are excited to have your child enrolled in our summer camp program!

We are planning some super fun activities with many enhanced hygiene, safety and sanitation procedures.

We will be requiring physical distancing. Here is some important information regarding our camps.

## REQUIRED FORMS- CLICK LINKS BELOW TO FILL OUT ASAP:

- [Camper Health History Form](#)
- [Swimming Permission](#)

## ITEMS FOR CAMP AVAIL FOR PURCHASE:

(CLICK LINKS BELOW TO ORDER ITEMS)

- [Gripper Socks](#) (required)
- [Items For Tye Dye on Fri](#)
- [Bag for Belongings](#) (If needed)

## CAMP TIMES

### Full Day

Mon- Fri 9am-4pm

### AM Half Day

Pick up is at pool

Mon-Fri 9am-12 noon

### PM Half Day

Pick up is at pool

Mon-Fri 1pm-4pm

### AM Tumble Bee

Tu,W,Th 9:15am-11:30am

## REQUIRED ITEMS:

- 1) Gripper Socks
- 2) Bag that will fit in a 12x12 Cubby
- 3) Peanut Free Lunch/Snack
- 4) Resealable/leakproof water bottle
- 5) Bathing Suit, Towel & Sun screen (not needed for Tumble Bee camp)
- 6) Easy Slip on Shoes

Please have all items labeled with Childs Name

## EXTENDED CARE:

Times offered:

7:30am-9:00am &  
4-5:30pm

Cost: \$8/hr or  
max of \$100 per  
week.

\*\* Must register in advance or there is a \$2 late registration fee

## SPECIAL ACITIVITIES

**Wednesday** - Water Games

**Thursday** - Dress Up Day

**Friday** - Tye Dye Day

([Click here to purchase T-shirts to Tye Dye at camp](#)).



## Swimming as Weather Permits

(Tumble Bee Camp does not Swim- All other programs will go to the pool area)

## + Medical +

Any medications will require a **Medication Administration Authorization Form to be completed by a Physician. It must be completed and turned in 2 weeks PRIOR to the start of camp.**

All medications must be self administered with staff oversight.



[Click here to print the Medical Authorization Form for Epi-Pens and other medication](#)  
(Asthma Inhaler form is below)

[Click here to print the Asthma Action Plan Form. If your child is prescribed an inhaler, you must have this \*\*ASTHMA ACTION PLAN\*\* completed by a physician.](#) You do not need to fill out the other form above unless you have other medication not related to asthma