



# FCG's Summer Skills Club 2026

Complete this registration form and return it with your non-refundable registration fee and weekly deposit to reserve your child's spot. Weekly balances will be due no later than the Friday before the start of your child's skills club week. Late balances will result in a \$10 late fee and subject your child to lose their spot for that week. Field trips are held on Wednesdays and Fridays.

**Disclaimer:** FCG skills club is for youth ages 6+ with previous gymnastics experience and/or interest in learning the sport of gymnastics.

## FEES

### Member & Nonmember Rates:

Registration Fee (non-refundable) .....	\$15.00 Members/\$25.00 Nonmembers
Traditional 5 Full days- includes 1 camp t-shirt (9AM - 4PM).....	\$240.00/wk
Deposit to reserve each week (non-refundable).....	\$50.00/wk
Extended Care 5 Full Days (8AM-5PM).....	\$50.00/wk or \$10 /daily
3 Full days (Monday, Tuesday, Thursday or Friday) pick 3 days.....	\$175.00/wk
3 Full days (Including Wednesday).....	\$200.00/wk

### Competitive Member Rates:

Registration Fee (non-refundable).....	\$15.00 Members
Traditional 5 Full days- includes 1 camp t-shirt (9AM - 4PM).....	\$200.00/wk
Deposit to reserve each week (non-refundable).....	\$50.00/wk
3 Full days (Monday, Tuesday , Thursday or Friday, pick 3 days).....	\$150.00/wk
3 Full days (Including Wednesday).....	\$165.00/wk

*(Weekly fees include all activity costs, one T-shirts and one snack per day.)  
Discounts available for siblings and payments made in full.*

**All Registration Fees and Weekly Deposits are Non-Refundable**

## REGISTRATION INFORMATION

\*Extra T-shirt \$10\*

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_

Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Primary Email \_\_\_\_\_ Child's T-Shirt Size \_\_\_\_\_ Extra T-Shirt Y/N \_\_\_\_\_

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

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## First Aid/Medical Information

Does your child use an inhaler? \_\_\_Yes \_\_\_ No

Does your child use an Epi-Pen? \_\_\_Yes \_\_\_ No

Does your child use any medication regularly? \_\_\_Yes \_\_\_ No

**\*Please note: FCG staff cannot administer medication\***

If yes, what medication? \_\_\_\_\_

Are there any foods your child cannot eat? \_\_\_Yes \_\_\_ No

If yes, what foods? \_\_\_\_\_

Does your child have any allergies? \_\_\_Yes \_\_\_ No

If yes, what allergies? \_\_\_\_\_

Participant's Doctor: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Any other medical facts we should know about? \_\_\_\_\_

All parents are required to report all special needs, disabilities, and medications pertaining to participants and their safety while in our program. Have you done so? \_\_\_Yes \_\_\_No

\*If your child has diabetes, uses an epi pen, or takes  
prescribed medication, we require a physician's care plan to  
be on file.\*

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## First Aid Emergency Release

In the event of a minor accident, a trained, qualified staff member will administer necessary first aid. We will clean and bandage a small wound, apply ice or warmth, provide a place to rest, etc.

**In the event that a higher level of aid is needed please sign and date ONE option below for us to follow in case of a medical emergency.**

### Option 1

If my child requires emergency medical attention, it is my wish that I am contacted before any medical procedures are taken for my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Option 2

If my child requires emergency medical attention, it is my wish that treatment be started while efforts are being made to contact me. So treatment is not delayed, I consent to medical procedures the emergency staff deems necessary and accept responsibility for all costs related to such treatment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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## Pick Up Authorization & Emergency Contacts

Please list names of authorized adults (including parents) who may remove child from this program.  
Children will not be allowed to leave the program with anyone not listed below, photo ID required.

**Primary Pick-Up:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Secondary Pick-Up:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Pick-Up #3:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Pick-Up #4:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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## LATE PICKUP FEE POLICY

Please review the bulleted points below and sign the bottom of this sheet.

- If your child is not picked up by 4:10pm, you will be billed **one dollar (\$1) per minute per child.**
- All late fees **must be paid** the night of, or the morning after late pickup occurs. Children will not be able to attend Skills Club until late pickup fees are paid in full.
- Late fees are determined by the clock behind the Front Desk at Bristol FCG.
- Please be sure that all phone numbers and contacts are up to date.
- If no contact has been made 30 minutes after scheduled pick-up time, FCG will contact the Bristol Police Department.

I have read and agree to the above Late Pickup Fee Policy. Additionally, I understand that **all late fees must be paid the night of or the morning after** in order for my child to return to Skills Club.

Parent/Guardian Signature

Date

\_\_\_\_\_

\_\_\_\_\_

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## Fact Sheet & Important Information

Please read this notice carefully as it provides guidelines and policies for our summer skills club.

- **All weekly fees are due, in full the Friday prior to the start of the week.** Cash, Check, money order, and Visa/MasterCard are accepted. (Checks made payable to Bristol FCG)
- When paying by check or money order, please place child's name and week attending in the memo section of the check.
- All participants must be picked up on time ( 4PM for full days). You will be charged \$1 per minute starting at 10 minutes after pickup time. (4:10PM)
- **Registration fees and weekly deposits are non-refundable .**
- **There is a two week notice policy for any change of care, changes in care need to be emailed to the camp director to be valid, verbal communication is not excepted for change of care situations. Refunds or credits will not be given if less than two weeks notice is given. FCG will assess this on a case to case basis.**
- Bristol FCGymnastics is not responsible for lost or stolen belongings or bodily injuries while participating.
- An authorized parent, guardian is required to sign children IN & OUT of Camp. Photo ID is required. Anyone not listed on page 3 is not permitted for pickup.
- If your child uses an Epi-Pen or Inhaler, our guidelines require that the child is able to self-administer. **State of CT guidelines require that an Epi-Pen or Inhaler are on site during the time the child is enrolled. Must be in a bag labeled with the child's name. \*FCG staff cannot administer medication\***
- In the event your child misses skills club a credit or refund **will not** be issued. Partial credits may be offered on a case by case basis.
- The Bristol Boys & Girls Club and FCG do not allow any over the counter or prescription medications unless a parent (in writing) administers on site. **NO EXCEPTIONS.**
- Bristol FCG reserves the right to suspend participants from skills clubs based on disciplinary reasons. An incident report will be submitted for the parent/guardian to review. No fees will be refunded for suspensions due to disciplinary measures.

I have read and agree to the above policies set forth by Bristol FCGymnastics.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Release of Liability:** FCG & the Boys and Girls Club of Bristol, CT waive their responsibility of any physical damage to person or items while facility is being used. By initialing you acknowledge & accept responsibility. Please Initial: \_\_\_\_\_

**Photo Release:** I hereby grant and authorize FCGymnastics and the Bristol Boys and Girls Club the right to take, edit, copy, publish, distribute and make use of any and all pictures or video taken of me and/or my child to be used in and/or for any lawful promotional materials including, but not limited to, newsletters, brochures, advertisements, website, and other print and digital communications, without payment or any other consideration. This authorization shall continue indefinitely, unless I otherwise revoke this authorization in writing.

Please Initial:            I Authorize \_\_\_\_\_            I Do Not Authorize \_\_\_\_\_

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### **WALKING/SWIMMING PERMISSION SLIP**

During FCG Skills Club, we will travel by foot to the Bristol Boys & Girls Club and by van or bus to Rockwell Park to swim. (weather permitting). To insure the safety of your child, we ask that you check the appropriate box designating whether your child is a

- My child may not go in the water. Please provide an alternate activity.**
- Non-swimmer (unable to swim on top of the water) – will only be allowed in shallow/shore part of water (waist deep)**
- Novice swimmer (capable of swimming on top of the water but unable to tread water for one (1) minute) – will only be able to swim to medium-depth (shoulders deep).**
- Proficient swimmer (capable of treading water for at least one (1) minute) – will be able to swim to dock and use dock appropriately**

The City of Bristol and Rockwell Park/ employ Red Cross certified lifeguards to supervise the swimming area. Our FCG staff will also be supervising your children from the deck of the pool area. In case of inclement weather, we will have an inside activity.

No staff member will remain at the FCG when we travel offsite for field trips. All children in our Skills Club will travel to Rockwell Park. Staff will be assigned to supervise non-swimmers that do not enter the water. Please supply your child with a bathing suit, sunscreen and towel.

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### **Walking/Swimming Permission Slip**

I give permission for my child \_\_\_\_\_ (Child's Name) to participate in off site field trips, walking to the locations listed above, and swimming with the supervision of FCG staff.

Parent's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

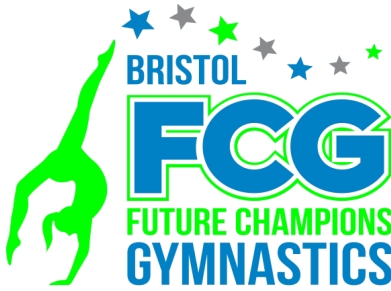
Check the boxes that apply (**Please note FCG will be closed July 3rd, and July 27th-July 31st**)

	<b>5 Full Days</b>	<b>3 Full Days (Mon,Tues, Thu,Fri) Pick 3 days</b>	<b>3 Full Days (Including Wednesday)</b>
Week 1: June 29th-July 2nd (4 day week)	\$192/ \$160 (4 day option only) <input type="checkbox"/>	<b>N/A</b>	<b>N/A</b>
Week 2: July 6th- July 10th	\$240 / \$200 <input type="checkbox"/>	\$175 / \$150 <input type="checkbox"/>	\$200/ \$165 Days____ <input type="checkbox"/>
Week 3: July 13th - July 17th	\$240/ \$200 <input type="checkbox"/>	\$175/\$150 <input type="checkbox"/>	\$200/ \$165 Days____ <input type="checkbox"/>
Week 4: July 20th- July 24th	\$240/ \$200 <input type="checkbox"/>	\$175/\$150 <input type="checkbox"/>	\$200/ \$165 Days____ <input type="checkbox"/>
Week 5: August 3rd- August 7th	\$240/ \$200 <input type="checkbox"/>	\$175/\$150 <input type="checkbox"/>	\$200/ \$165 Days____ <input type="checkbox"/>
Week 6: August 10th - August 14th	\$240/ \$200 <input type="checkbox"/>	\$175/\$150 <input type="checkbox"/>	\$200/ \$165 Days____ <input type="checkbox"/>
Week 7: August 17th-August 20th	\$192/ \$160 (4 day option only) <input type="checkbox"/>	<b>N/A</b>	<b>N/A</b>

*Check this box for extended care (8am-5pm)*

---Office Use Only---

<b>Registration Fee</b> *Must pay at registration* <b>(\$15 or \$25)</b>	<b>Date Paid</b>	<b>Payment Type</b>		
\$50 Weekly Deposit *Must pay at registration*	Payment Type + Date	Weekly Balance (include extended care)	Payment Type + Date	
Week 1				
Week 2				
Week 3				
Week 4				
Week 5				
Week 6				
Week 7				
Week 8				



## Payment on File

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Complete this payment agreement form below and return it with the registration packet if you would like FCG to automatically charge your card. If you do not want a card of file, you will have to make your payment the Friday before the start of your child's week. The registration fee and \$50 weekly deposit must be made at the time of registration.

\*Register for a minimum of 5 weeks to receive 5% off\*

\*Register for the whole summer and receive 10 % off\*

### Payments

I authorize FCG staff to charge the card listed below

- Once for the total amount of my Skills Club tuition.
- Once for the registration fee and weekly deposit.
- Once for the registration fee and weekly deposit, and weekly for my Skill Club balance. (Friday before the start of the week)

Athlete Name \_\_\_\_\_ Skills Club Weeks \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Billing Address \_\_\_\_\_

Exp. Date: \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ Name on Card \_\_\_\_\_

\_\_\_\_\_

**\*Must Wear Camp T SHIRT To Every Field Trip\***

<b>2026 Summer Camp Field Trips</b>					
	<b>Field Trip</b>	<b>Day</b>	<b>Date</b>	<b>Time</b>	<b>Notes</b>
Week 1: June 29th- July 2nd (4 day week)	TBA	WED	<b>7/1/26</b>	<b>TBA</b>	<b>TBA</b>
	<b>N/A</b>	FRI	<b>CLOSED</b>	<b>N/A</b>	<b>N/A</b>
Week 2: July 6th-July 11th	TBA	WED	7/8/26	<b>TBA</b>	<b>TBA</b>
	Rockwell Park	FRI	7/10/26	Swimming at Rockwell Park	<b>Camp T shirt, sneakers,sunscreen, towel, water, lunch</b>
Week 3: July 13th- July 17th	TBA	WED	7/15/26	<b>TBA</b>	<b>TBA</b>
	Rockwell Park	FRI	7/17/26	Swimming at Rockwell Park	<b>Camp T shirt, sneakers, towel, sunscreen, lunch, water</b>
Week 4: July 20th- July 24th	TBA	WED	7/22/26	<b>TBA</b>	<b>TBA</b>
	Rockwell Park	FRI	7/24/26	Swimming at Rockwell Park	<b>Camp T shirt, sneakers, sunscreen, towel, water, lunch</b>
Week 5: August 3rd- August 7th	TBA	WED	8/5/26	<b>TBA</b>	<b>TBA</b>
	Rockwell Park	FRI	8/7/26	Swimming At Rockwell Park	<b>Camp T shirt, sneakers, sunscreen, water, lunch</b>
Week 6: August 10th - August 14th	TBA	WED	8/12/26	<b>TBA</b>	<b>TBA</b>
	Rockwell Park	FRI	8/14/26	Swimming at Rockwell Park	<b>Camp T shirt, sneakers, sunscreen, water, lunch</b>
Week 7: August 17th - August 20th (4 day week)	TBA	WED	8/19/26	<b>TBA</b>	<b>TBA</b>
	<b>N/A</b>	FRI	<b>CLOSED</b>	<b>N/A</b>	<b>N/A</b>

# Fact Sheet & Important Information

(Parent Copy)

- **All weekly fees are due, in full the Friday prior to the start of the week.** Cash, Check, money order, and Visa/Master Card are accepted. (Checks made payable to Bristol FCG)
- FCG camp parents will use the app BAND as the main form of communication.
- When paying by check or money order, please place child's name and week attending in the memo section of the check.
- All participants must be picked up on time ( 4PM for full days). You will be charged \$1 per minute starting at 10 minutes after pickup time. (4:10PM)
- **Registration fees and weekly deposits are nonrefundable .**
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- If your child has diabetes,uses an epi pen, or takes prescribed medication, we require a physician's care plan to be on file.
- Bristol FCGymnastics is not responsible for lost or stolen belongings or bodily injuries while participating.
- An authorized parent, guardian is required to sign children IN & OUT of Camp. Photo ID is required. Anyone not listed on page 3 is not permitted for pickup.
- If your child uses an Epi-Pen or Inhaler, our guidelines require that the child is able to self-administer. **State of CT guidelines require that an Epi-Pen or Inhaler are on site during the time the child is enrolled. Must be in a bag labeled with the child's name.**
- In the event your child misses a skills club for the reason of quarantine, a credit or refund will not be issued. Partial credits may be offered on a case by case basis.
- The Bristol Boys & Girls Club and FCG do not allow any over the counter or prescription medications unless a parent (in writing) administers on site. **NO EXCEPTIONS.**
- Bristol FCG reserves the right to suspend participants from skills clubs based on disciplinary reasons. An incident report will be submitted for the parent/guardian to review. No fees will be refunded for suspensions due to disciplinary measures.

## Skills Club Contact:

Camp Director: Avery Braccia

Email: fcgskillsclub@bbgc.org

Camp Assistant Director: Samantha Kavanagh

Email: fcgskillsclub@bbgc.org

Gym Phone: 860-582-5437

Program Director: Erika Renehan

Email: fcgymnastics@bbgc.org