

Serving Children in Prince William County
30+ Years

Winter Holiday Break Camp

December 2026

Su M Tu We Th Fri Sa

		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		
January 2027						
					1	2

RED = PWC NO SCHOOL 6-DAYS

Youth Sports is closed Christmas Eve/Day
& New Years Eve/Day

DEPOSIT & PAYMENT INFO.

A non-refundable deposit of \$25.00 is due for camp. Your deposit will be applied to the weekly tuition. Registration is due 1 week prior to the start of camp.



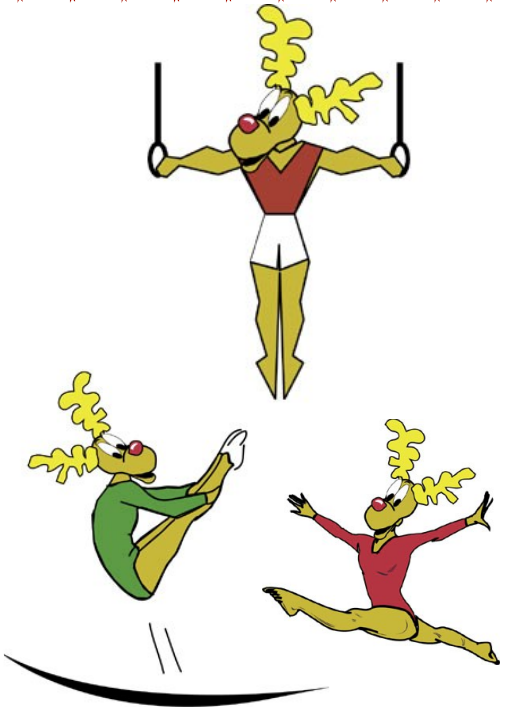
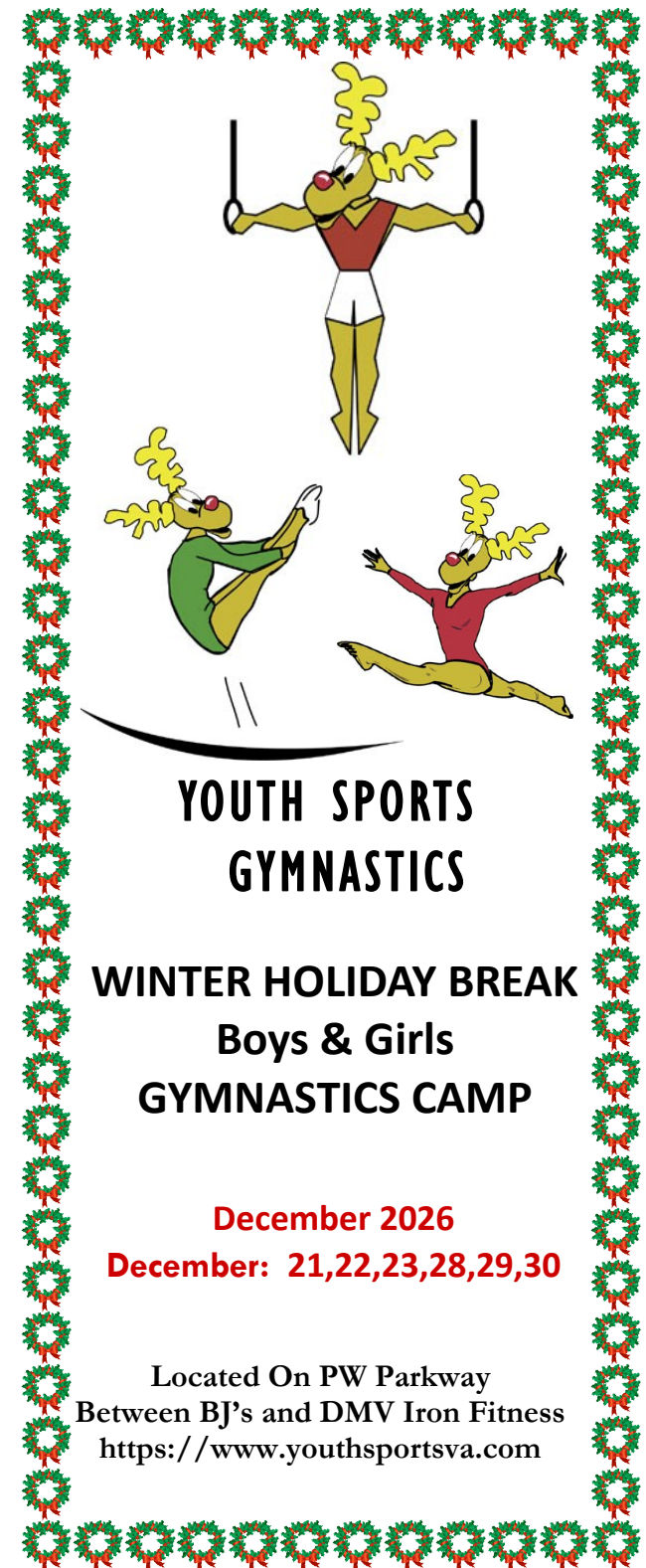
YOUTH SPORTS GYMNASTICS

14023 NOBLEWOOD PLAZA DRIVE
WOODBIDGE, VA 22193

Phone: 703-590-8400

www.youthsportsva.com

E-mail: jbccoach@aol.com



YOUTH SPORTS GYMNASTICS

WINTER HOLIDAY BREAK Boys & Girls GYMNASTICS CAMP

December 2026

December: 21,22,23,28,29,30

Located On PW Parkway
Between BJ's and DMV Iron Fitness
<https://www.youthsportsva.com>

WINTER HOLIDAY BREAK CAMP INTRODUCTION

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

PAYMENT DEPOSIT \$25.00 (APPLIED TOWARD TUITION)

7:30 am-4:30 pm

Warm up & Stretches begin at 8:30 am
(early drop-off is 7:30 am)

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

CAMP RATES

6- DAY Full Day Rate \$300.00

6- DAY Half Day Rate \$230.00

\$65.00 Daily Rate

\$45.00/ Half Day

December: 21,22,23,28,29,30

10% Sibling and Active Military Discount

(sibling discount applied after first child)

Active Military Discount (with ID)

Please print clearly

PARTICIPANT INFORMATION

Name _____

Address _____

Email _____

Participant Age: _____ (must be 5 years old)

Health / Medications / Allergies _____

DAILY RATE FULL DAY \$65.00 / DAY _____

DAILY HALF DAY CAMP \$45.00 / DAY _____

6-Day Full Day \$300.00 _____

6- Day Half Day \$230.00 _____

\$25 DEPOSIT _____

CHECK DATES ATTENDING

Week 1 December: _____21, _____22, _____23

Week 2 December: _____28, _____29, _____30

PARENT/GUARDIAN INFORMATION

First Name _____

Last Name _____

E-Mail Address _____

Emergency Phone # _____

Additional Phone # _____

INSURANCE / PHYSICIAN INFORMATION

Physician Name _____

Phone # _____

Insurance Co. _____

ID # _____

DEPOSIT / PAYMENT INFORMATION STAFF ONLY

Deposit/Payment:

Cash _____ Check # _____ CC _____ Date _____

Amount of Deposit / Payment Paid \$ _____

WINTER BREAK 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 & date here.