

SUPER CAMP REGISTRATION FORM# _____

#1-Child's Name: _____

Age: _____ Date Of Birth: _____ Fee\$ _____

#2-Child's Name: _____

Age: _____ Date Of Birth: _____ Fee\$ _____

Address: _____

City/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Enrolled CCG member family (day/time of classes: _____)

Non- CCG Member Sibling

Parent's Signature: _____

Print Name: _____ Date: _____

I release Central Coast Gymnastics Training Center and its coaching staff from any liability incurred as a direct result of my child's participation in this "Summer Super Camp". I also authorize any medical personnel as agents for the undersigned to consent to any diagnostic procedure (Including X-Rays) to the administration of any medical or surgical treatment, or to any hospital care when any or all rendered under the general supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act. THE AUTHORIZATION IS GIVEN IN ADVANCE OF ANY SPECIFIC DIAGNOSIS, TREATMENT, OR MEDICAL CARE BEING REQUIRED, AND PURSUANT TO THE PROVISIONS OF SECTION 258 OF THE CALIFORNIA CIVIL CODE.

Please select Number of full days (9am-3pm) or half days (9am-12pm) of camp

- | | |
|--|--|
| <input type="checkbox"/> (1) Full Day \$50 | <input type="checkbox"/> (1) Half Days \$30 |
| <input type="checkbox"/> (2) Full Days \$95 | <input type="checkbox"/> (2) Half Days \$60 |
| <input type="checkbox"/> (3) Full Days \$135 | <input type="checkbox"/> (3) Half Days \$90 |
| <input type="checkbox"/> (4) Full Days \$170 | <input type="checkbox"/> (4) Half Days \$120 |
| <input type="checkbox"/> (5) Full Days \$200 | <input type="checkbox"/> (5) Half Days \$150 |
| <input type="checkbox"/> (6) Full Days \$230 | <input type="checkbox"/> (6) Half Days \$180 |
| <input type="checkbox"/> (7) Full Days \$260 | <input type="checkbox"/> (7) Half Days \$210 |
| <input type="checkbox"/> (8) Full Days \$290 | <input type="checkbox"/> (8) Half Days \$240 |
| <input type="checkbox"/> (9) Full Days \$320 | <input type="checkbox"/> (9) Half Days \$270 |

CCG members receive \$5 off full day camp fee. Siblings receive 20% discount.

Please choose which days your child will attend Holiday Super Camp:

- | | |
|--|--|
| <input type="checkbox"/> Mon/ Dec. 19 | <input type="checkbox"/> Tue/ Dec. 27 |
| <input type="checkbox"/> Tue/ Dec. 20 | <input type="checkbox"/> Wed/ Dec. 28 |
| <input type="checkbox"/> Wed/ Dec. 21 | <input type="checkbox"/> Thur/ Dec. 29 |
| <input type="checkbox"/> Thur/ Dec. 22 | <input type="checkbox"/> Fri/ Dec. 30 |
| <input type="checkbox"/> Fri/ Dec. 23 | |

50% Non-Refundable Deposit due at Registration. Refund request must be in writing one week prior to camp start date.

CCG Office Only:

Deposit paid Date: _____ Check# _____ Credit Card type: _____ Cash paid w/reciept given

Total Due\$ _____ - Balance paid\$ _____ = Balance due \$ _____ First Day of camp

**CCG SUPER CAMP
BEFORE & AFTER
CARE**

☆EACH hour of babysitting is \$6 per child.

Central Coast Gymnastics is excited to provide you with Before Care (8-9 AM) and After Care (3-5 PM).

If you are interested in this opportunity, **you must pre-register** and pay in full for all hours needed by the first day of camp.

Monday

- 8-9 AM
- 3-4 PM
- 4-5 PM

Tuesday

- 8-9 AM
- 3-4 PM
- 4-5 PM

Wednesday

- 8-9 AM
- 3-4 PM
- 4-5 PM

Thursday

- 8-9 AM
- 3-4 PM
- 4-5 PM

Friday

- 8-9 AM
- 3-4 PM
- 4-5 PM