

SUPER CAMP REGISTRATION FORM# _____

#1-Child's Name: _____ Age: _____ Date Of Birth: _____ Fee\$ _____

#2-Child's Name: _____ Age: _____ Date Of Birth: _____ Fee\$ _____
(Sibling)

#3-Child's Name: _____ Age: _____ Date Of Birth: _____ Fee\$ _____
(Sibling)

Address: _____ City/Zip: _____

Home Phone: _____ Email: _____ Cell Phone: _____

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

Member * **Sibling**

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 "Spring 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.

Parent's Signature: _____ Print Name: _____ Date: _____

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

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

Please select Number of full days (9am-3pm) or half days (9am-12pm) of camp your child will attend:

- | | |
|--|---|
| <input type="checkbox"/> (1) Full Day \$50 | <input type="checkbox"/> (1) Half Day \$30 |
| <input type="checkbox"/> (2) Full Days \$95 | <input type="checkbox"/> (2) Half Day \$60 |
| <input type="checkbox"/> (3) Full Days \$135 | <input type="checkbox"/> (3) Half Day \$90 |
| <input type="checkbox"/> (4) Full Days \$170 | <input type="checkbox"/> (4) Half Day \$120 |
| <input type="checkbox"/> (5) Full Days \$200 | <input type="checkbox"/> (5) Half Day \$150 |

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

Please choose which days your child will attend Spring Super Camp

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Week 1 | <input type="checkbox"/> Week 2 |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Wednesday | |

CCG SUPER CAMP BEFORE & AFTER CARE

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.

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

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

