SUMMER CAMP –A-PALOOZA REGISTRATION FORM!
2018

CCG SUPER CAMP REGISTRATION FORM—2018

#1-Child's Name:_____ Age:___ Date Of Birth:_____Member: Y / N

#2-Child's Name:_____Age:____Date Of Birth:_____Member: Y / N

Week #1	**Week #2**	**Week #3**	**Week #4**	**Week #5**	**Week #6**	**Week #7**	**Week #8**
"School's Out!" And Surf's Up	*CCG's Birthday Bash*	*Pirates in the Gymnasium*	*Madagascar Mania*	*Cartoon Palooza*	*Splish Splash Summer Bash!*	*Ninja Adventure!*	*Olympic Flip Fest!*
June 18-22	June25-29	July 9-13	July 16-20	July 23-27	July 30-Aug 3	Aug 6-10	Aug 13-17
M T W R F	M T W R F	M T W R F	M T W R F	M T W R F	M T W R F	M T W R F	M T W R F

Address:_____ City/Zip:_____.

Home Phone:_____Email:_____Cell Phone: _____

I release Central Coast Gymnastics Sports Center, Inc., the CCG coaching staff, CCG members, and all employed along with the members of SLO Zaca Lane LLC. 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 C ODE. I agree to put in writing, if my child(ren) have any medical concerns, allergies, or physical challenges the CCG staff should be aware of in advance, before participating.

Parent's Signature: _____Print Name:_____Date:_____

❑Deposit paid on___/___/ 2018 :: ❑Check#_____ ❑Credit Card- type:_____❑Cash paid w/receipt given

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

For office use only:

Full Days(9am-3pm)	**Half Days(9am-12pm)**
(1) Full Day $65	(1) Half Day $35
(2) Full Days $110	(2) Half Day $65
(3) Full Days $155	(3) Half Day $95
(4) Full Days $200	(4) Half Day $125
(5) Full Days $245	(5) Half Day $155

❑ EEB ❑ EB ❑ regular price

CCG members receive $5 per day

❑ Summer Club Camp Card (10) days

Pricing

Week:	**#FD/HDs(M-F)#kids:**	**Fee:**
1 June 18-22	_____	_____
2 June25-29	_____	_____
3 July 9-13	_____	_____
4 July 16-20	_____	_____
5 July 23-27	_____	_____
6 July 30-Aug 3	_____	_____
7 Aug 6-10	_____	_____
8 Aug 13-17	_____	_____
B/ACare	___hrs X$6/hr =	_____
	TOTAL:	_____

Central Coast Gymnastics is excited to provide you with our CCG Summer Super Camp! Always remember you have the flexibility to choose the number of days you would like to have your kids at camp! Please fill out the information below to and write any notes we should know! Ex. Allergies, who may pick them up other than parents, etc. This will help us better serve the campers! See you then!

Child's Name_____

WEEK	Dates & Day (M-F)	Before/After Care
_____	_____ ___ _____	❑8-9 ❑3-4 ❑4-5
_____	_____ _____	❑8-9 ❑3-4 ❑4-5
_____	_____ _____	❑8-9 ❑3-4 ❑4-5
_____	_____ _____	❑8-9 ❑3-4 ❑4-5
_____	_____ _____	❑8-9 ❑3-4 ❑4-5
_____	_____ _____	❑8-9 ❑3-4 ❑4-5
_____	_____ _____	❑8-9 ❑3-4 ❑4-5
_____	_____ _____	❑8-9 ❑3-4 ❑4-5

Child's Name_____

WEEK	Dates & Day (M-F)	Before/After Care
_____	_____ ___ _____	❑8-9 ❑3-4 ❑4-5
_____	_____ ___ _____	❑8-9 ❑3-4 ❑4-5
_____	_____ ___ _____	❑8-9 ❑3-4 ❑4-5
_____	_____ ___ _____	❑8-9 ❑3-4 ❑4-5
_____	_____ ___ _____	❑8-9 ❑3-4 ❑4-5
_____	_____ ___ _____	❑8-9 ❑3-4 ❑4-5
_____	_____ ___ _____	❑8-9 ❑3-4 ❑4-5
_____	_____ ___ _____	❑8-9 ❑3-4 ❑4-5

Notes: _____