



CCG HOLIDAY CAMP REGISTRATION FORM 2018



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

#2-Child's Name: _____ Age: _____ Date Of Birth: _____ Member: Y / N

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 "Winter 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. 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. A 50% non-refundable deposit due at time of registration. Refund requests must be in writing one week prior to camp start date. There will be a \$5.00 fee for any changes to camp after registration.

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

Address: _____ City/Zip: _____

Email: _____ Cell Phone: _____

Full days (9am-3pm)	or	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
CCG members receive \$5 per day		
Please check which days your child will be attending.		
Week 1:		Week 2:
<input type="checkbox"/> Wed (Dec. 26)		<input type="checkbox"/> Wed (Jan. 2)
<input type="checkbox"/> Thurs (Dec. 27)		<input type="checkbox"/> Thurs (Jan. 3)
<input type="checkbox"/> Fri (Dec. 28)		<input type="checkbox"/> Fri (Jan. 4)
Price (for office):		
<input type="checkbox"/> EEB	<input type="checkbox"/> EB	<input type="checkbox"/> regular price
Week:	#FD/HDs(M-F)	Xkids: Fee:
1 Dec 26-28	_____	_____
2 Jan 2-4	_____	_____
B/ACare: #	hrs X	kids X\$6
Days/times B/A-care: _____		
TOTAL Cost: \$ _____		
Deposit Pd: \$ _____		
(CC / Check / Cash): # _____		
Total Due 1st day of Camp: \$ _____		

Central Coast Gymnastics is excited to provide you with our CCG Holiday Camp-a-Palooza! 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	_____			Child's Name	_____			Notes:	_____
Half/Full Days	Dates	Day (M-F)	Before/After Care	Half/Full	Days	Dates	Day(M-F)	Before/After Care	_____
_____	____/____	____	<input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	_____	____/____	____	<input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	_____	_____
_____	____/____	____	<input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	_____	____/____	____	<input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	_____	_____
_____	____/____	____	<input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	_____	____/____	____	<input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	_____	_____
_____	____/____	____	<input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	_____	____/____	____	<input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	_____	_____
_____	____/____	____	<input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	_____	____/____	____	<input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	_____	_____
_____	____/____	____	<input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	_____	____/____	____	<input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	_____	_____

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