



# SPRING SUPER CAMP A PALOOZA!

## 2019 Registration Form

### CCG SPRING CAMP REGISTRATION

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

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

#3-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 "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. 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: \_\_\_\_\_

### (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  |
| (4) Full Days \$200 | (4) Half Day \$125 |
| (5) Full Days \$245 | (5) Half Day \$155 |
- Good Friday is considered (1) extra day Full/Half  
 (1) Full Day \$65 (1) Half Day \$35

**CCG members receive \$5 per day**

#### Price (for office):

- EEB     EB     regular price

**Week: #FD/HDs(M-F) Xkids: Fee:**

(1) Apr 1-5 \_\_\_\_\_  
 April 19 \_\_\_\_\_

**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 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 _____			Child's Name _____			Notes: _____
DAY	DATE	Before/After Care	DAY	DATE	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	_____

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