



## SUMMER CAMP –A-PALOOZA 2019! REGISTRATION FORM

### CCG SUMMER CAMP REGISTRATION FORM—2019

**#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
<i>"School's Out!" And Surf's Up</i>	<i>CCG's Birthday Bash</i>	<i>Pirates in the Gymnasium</i>	<i>Madagascar Mania</i>	<i>Cartoon Palooza</i>	<i>Splish Splash Summer Bash!</i>	<i>Ninja Adventure!</i>	<i>Olympic Flip Fest!</i>
June 17-21	June 24-28	July 8-12	July 15-19	July 22-26	July 29-Aug 2	Aug 5-9	Aug 12-16
MTWRF	MTWRF	MTWRF	MTWRF	MTWRF	MTWRF	MTWRF	MTWRF

**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 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:** \_\_\_\_\_

Deposit paid on \_\_\_\_ / \_\_\_\_ / 2019 ::  Check# \_\_\_\_\_  Credit Card- type: \_\_\_\_\_  Cash paid w/receipt given

**Total Due\$** \_\_\_\_\_ - **Deposit 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
<input type="checkbox"/> EEB	<input type="checkbox"/> EB
<input type="checkbox"/> regular price	
<b>CCG members receive \$5 per day</b>	

Week:	#FD/HDs(M-F)#kids:	Fee:
1 June 17-21	_____	_____
2 June 24-28	_____	_____
3 July 8-12	_____	_____
4 July 15-19	_____	_____
5 July 22-26	_____	_____
6 July 29-Aug 2	_____	_____
7 Aug 5-9	_____	_____
8 Aug 12-16	_____	_____
<b>B/ACare</b>	_____ hrs X\$6/hr =	_____
<input type="checkbox"/> Camp Card 10 day(FD / HD)	_____	_____
<b>TOTAL Cost:</b> _____		

**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: _____
WEEK 1 Dates & Day (M-F) _____ Before/After Care <input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	WEEK 1 Dates & Day (M-F) _____ Before/After Care <input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	_____
WEEK 2 _____ Before/After Care <input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	WEEK 2 _____ Before/After Care <input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	_____
WEEK 3 _____ Before/After Care <input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	WEEK 3 _____ Before/After Care <input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	_____
WEEK 4 _____ Before/After Care <input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	WEEK 4 _____ Before/After Care <input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	_____
WEEK 5 _____ Before/After Care <input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	WEEK 5 _____ Before/After Care <input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	_____
WEEK 6 _____ Before/After Care <input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	WEEK 6 _____ Before/After Care <input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	_____
WEEK 7 _____ Before/After Care <input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	WEEK 7 _____ Before/After Care <input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	_____
WEEK 8 _____ Before/After Care <input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	WEEK 8 _____ Before/After Care <input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	_____

A 50% non-refundable deposit due at time of registration. Balances must be paid in full by the first day of camp (\$10 late fees will be applied if not paid by end of first day). 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.