



SPRING CAMP –A-PALOOZA 2021! REGISTRATION FORM

CCG SPRING CAMP REGISTRATION - CCG Goes to Hollywood!		(9am-3pm) or half days (9am-12pm) (1) Full Day \$70 (1) Half Day \$40 (2) Full Days \$115 (2) Half Day \$70 (3) Full Days \$160 (3) Half Day \$100 (4) Full Days \$205 (4) Half Day \$130 (5) Full Days \$250 (5) Half Day \$160 CCG members receive \$5 per day discount
#1-Child's Name: _____	Age: _____ Date Of Birth: _____	Member : Y / N
#2-Child's Name: _____	Age: _____ Date Of Birth: _____	Member : Y / N
<p>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 "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. 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 <u>50% non-refundable deposit</u> due at time of registration. Refund requests must be in writing one week prior to child's camp start date. There will be a \$5.00 fee for each change to camp after registration. A \$10 late fee is charged if balance is not paid by the end of the first day of camp.</p>		
<p style="text-align: right;">Price (for office):</p> <input type="checkbox"/> EB <input type="checkbox"/> regular price Week: #FD/HDs (M-F)x kids: Fee:		
Parent's Signature: _____ Print Name: _____ Date: _____ Address: _____ City/Zip: _____ Email: _____ Cell Phone: _____		
1 Apr 2 _____ 2 Apr 5-9 _____		B/ACare: # _____ hrs X _____ kids X\$6 _____ <small>*Days/times B/A-care on back side*</small> TOTAL Cost: \$ _____ Deposit Pd: \$ _____ (CC / Check / Cash): # _____ Total Due 1st day of Camp: \$ _____

Central Coast Gymnastics is excited to provide you with our CCG Spring 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	
_____ _____ ☐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	_____
_____ _____ ☐8-9 ☐3-4 ☐4-5	_____ _____ ☐8-9 ☐3-4 ☐4-5	_____

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