



## SUMMER CAMP –A-PALOOZA 8 weeks of fun!

### CCG SUMMER CAMP REGISTRATION FORM—2021

#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	1/2 Week #8
School's Out! & Surf's Up!	CCG's Birthday Bash!	Pirates in the Gymnasium!	Madagascar Mania!	Olympic Flip-Fest!	Splish-Splash Summer Bash!	World of Dance & Tricks!	End of Summer Epic Bash!
June 21-25	June 28-July 2	July 12-16	July 19-23	July 26-30	Aug 2-6	Aug 9-13	Aug 16-18
MTWRF	MTWRF	MTWRF	MTWRF	MTWRF	MTWRF	MTWRF	MTW

**PRICING:** CCG members receive \$5 discount per day  
**Full Days(9am-3pm)** (1) \$70 (2) \$115 (3) \$160 (4) \$205 (5) \$250  
**Half Days(9am-12pm)** (1) \$40 (2) \$70 (3) \$100 (4) \$130 (5) \$160

**Camp Registration Waiver:**

I release Central Coast Gymnastics Sports Center, Inc., the CCG coaching staff, CCG members, and all employed along with the members of CCG 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 is due at time of registration. 50% Account credit may be given if cancellation is 1 week prior to first day of camp. All refund requests must be in writing one week prior to camp start date. There will be a \$5.00 fee for any changes or cancellations to camp after registration. Balances must be paid in full by the first day of camp (\$10 late fees applied after 1st day).

Parent's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

**For office use only:**

**Pricing/Discounts:**  
 EB  regular price

Week:	#FD/HDs(M-F)#kids:	Fee:
1 June 21-25	_____	_____
2 June 28-Jul 2	_____	_____
3 July 12-16	_____	_____
4 July 19-23	_____	_____
5 July 26-30	_____	_____
6 Aug 2-6	_____	_____
7 Aug 9-13	_____	_____
8 Aug 16-18	_____	_____
<b>B/ACare</b> _____ hrs X \$6/hr =		_____
Camp Card 10 day( FD / HD)		_____

TOTAL Cost: \_\_\_\_\_  
 Deposit Pd (date: \_\_\_\_\_): \_\_\_\_\_  
 Balance due first day of camp: \_\_\_\_\_  
 Deposit type: \_\_\_\_\_

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

*\*Please do not attend camp if your child, or any household members, have had any symptoms of Covid-19 (as defined by the CDC).*