



SUMMER CAMP –A-PALOOZA 2022! REGISTRATION FORM

CCG SUMMER CAMP REGISTRATION FORM—2022								<i>For office use only:</i>	
#1-Child's Name: _____		Age: _____		Date Of Birth: _____		Member: Y / N		Full Days(9am-3pm)	
#2-Child's Name: _____		Age: _____		Date Of Birth: _____		Member: Y / N		Half Days(9am-12pm)	
Week #1	Week #2	Week #3	Week #4	Week #5	Week #6	Week #7	Week #8	(1) Full Day \$65 (1) Half Day \$35	
"School's Out!" And Surf's Up	CCG's Birthday Bash	Madagascar Mania	Pirates Of The Gymnasium	Olympic Flip Fest	Splish Splash Summer Bash!	World Of Dance & Tricks!	End Of Summer Epic Bash!	(2) Full Days \$110 (2) Half Day \$65	
June 20-24	June 27-1	July 11-15	July 18-22	July 25-29	Aug 1-5	Aug 8-12	Aug 15-17	(3) Full Days \$155 (3) Half Day \$95	
M T W R F	M T W R F	M T W R F	M T W R F	M T W R F	M T W R F	M T W R F	M T W R F	(4) Full Days \$200 (4) Half Day \$125	
Address: _____								City/Zip: _____	
Home Phone: _____		Email: _____		Cell Phone: _____				(5) Full Days \$245 (5) Half Day \$155	
<small>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.</small>								CCG members receive \$5 per day Pricing	
Parent's Signature: _____								<input type="checkbox"/> EEB <input type="checkbox"/> EB <input type="checkbox"/> regular price	
Print Name: _____								CCG members receive \$5 per day Pricing	
Date: _____								Week: #FD/HDs(M-F)#kids: Fee:	
<input type="checkbox"/> Deposit paid on ____ / ____ / 2019 :: <input type="checkbox"/> Check# _____ <input type="checkbox"/> Credit Card- type: _____ <input type="checkbox"/> Cash paid w/receipt given								1 June 20- 24 _____ _____	
Total Due\$ _____ - Deposit paid\$ _____ = Balance due \$ _____								2 June 27-1 _____ _____	
First Day of Camp _____								3 July 11-15 _____ _____	
								4 July 18-22 _____ _____	
								5 July 25-29 _____ _____	
								6 Aug 1-5 _____ _____	
								7 Aug 8-12 _____ _____	
								8 Aug 15-17 _____ _____	
								B/A Care _____ hrs X\$6/hr = _____	
								<input type="checkbox"/> Camp Card 10 day(FD / HD) _____	
								TOTAL Cost: _____	

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