



SUMMER CAMP –A-PALOOZA 2022! REGISTRATION FORM

Notes: _____

CCG SUMMER CAMP REGISTRATION FORM—2022

#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

| Week #1 | Week #2 | Week #3 | Week #4 | Week #5 | Week #6 | Week #7 | Week #8 |
|-----------------|---------------|------------|----------------|--------------|---------------|----------------|---------------|
| "School's Out!" | CCG's | Madagascar | Pirates Of The | Olympic Flip | Splish Splash | World Of Dance | End Of Summer |
| And Surf's Up | Birthday Bash | Mania | Gymnasium | Fest | Summer Bash! | & Tricks! | Epic Bash! |
| June 20-24 | June 27-1 | July 11-15 | July 18-22 | July 25-29 | Aug 1-5 | Aug 8-12 | Aug 15-17 |
| 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 ____ / ____ / 2022 :: Check# _____ Credit Card- type: _____ Cash paid w/receipt given

For office use only

Half Day: 9-12

Full Day: 9-3

Before Care is offered 8-9am and 3-5 pm

EB Regular Price
CCG members receive \$5 per day

Pricing

| Week: | #FD/HDs(M-F)#kids: | Fee: |
|---------------|--------------------|-------|
| 1 June 20- 24 | _____ | _____ |
| 2 June 27-1 | _____ | _____ |
| 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 = _____

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 _____ | | | Child's Name _____ | | |
|--------------------|-------------------|--|--------------------|-------------------|--|--------------------|-------------------|--|
| WEEK | Dates & Day (M-F) | Before/After Care | WEEK | Dates & Day (M-F) | Before/After Care | WEEK | Dates & Day (M-F) | Before/After Care |
| 1 | _____ | <input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5 | 1 | _____ | <input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5 | 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 | 2 | _____ | <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 | 3 | _____ | <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 | 4 | _____ | <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 | 5 | _____ | <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 | 6 | _____ | <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 | 7 | _____ | <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 | 8 | _____ | <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-returnable deposit is 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). Account credit requests must be in writing 7 days prior to camp start date. We do not offer refunds.