

CCG SUMMER CAMP REGISTRATION FORM—2023

#1-Child's Name: _____ Age: _____ Date Of Birth: _____ Member: Y / N

#2-Child's Name: _____ Age: _____ Date Of Birth: _____ Member: Y / N

Schools Out	Madagascar	Pirates Of	Olympic	World Of	End Of Summer		
Surfs Up	Birthday Bash	Mania	The Gymnasium	Flip Fest	Splish Splash	Dance & Tricks	Epic Bash
Week #1	Week #2	Week #3	Week #4	Week #5	Week #6	Week #7	Week #8
MTWRF	MTWRF	MTWRF	MTWRF	MTWRF	MTWRF	MTWRF	MTW
19 20 21 22 23	26 27 28 29 30	10 11 12 13 14	17 18 19 20 21	24 25 26 27 28	31 1 2 3 4	7 8 9 10 11	14 15 16

PRICING: CCG members receive \$5 discount per day Full Days(9am-3pm) (1) \$75 (2) \$120 (3) \$165 (4) \$210 (5) \$255

Half Days(9am-12pm) (1) \$45 (2) \$75 (3) \$105 (4) \$135 (5) \$165

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-returnable deposit is due at time of registration. Refund requests must be in writing one week prior to child's camp start date. A \$10 late fee is charged if balance is not paid by the end of the first day of camp.

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 19-23	_____	_____
2 June 26-30	_____	_____
3 July 10-14	_____	_____
4 July 17-21	_____	_____
5 July 24-28	_____	_____
6 Jul 31- Aug 4	_____	_____
7 Aug 7-11	_____	_____
8 Aug 14-16	_____	_____

B/A Care _____ hrs X \$6/hr = _____

TOTAL Cost: _____

Deposit Pd (date: _____): _____

Balance due first day of camp: _____

Deposit type: _____

Receipt given (printed/mailed)

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Central Coast Gymnastics is excited to provide you with our CCG Summer Camps! 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!

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

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