

CCG SPRING CAMP REGISTRATION - Spring Into Camp!

#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

Mon	Tues	Wed	Thurs	Fri
Mar 27	Mar 28	Mar 29	Mar 30	Mar 31

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 "Winter 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 C ODE. 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: _____
 Address: _____ Phone: _____ City/Zip: _____

(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

Price (for office):

EB Regular Price
Week: #FD/HDs (M-F)x kids: Fee:

1 (M-F) Mar 27-31 _____

B/A Care: # _____ hrs X _____ kids X\$6 _____

Days/times B/A-care on back side

TOTAL Cost: \$ _____

Deposit Pd: \$ _____

(CC / Check / Cash): # _____

Total Due 1st day of Camp: \$ _____

Receipt given: email/print

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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	_____
_____	_____	<input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	_____	_____	<input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	_____
_____	_____	<input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	_____	_____	<input type="checkbox"/> 8-9 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5	_____
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