



**November 20th & 21st
8:30 am - 4:00 pm**

At Oceanside Gymnastics camp, your child will be engaged in non-stop fun while progressing their gymnastics skills.

Our Experienced Safety Certified Staff has designed a fun-filled, action packed camp offering a variety of unique games and activities to keep campers moving. Previous gymnastics experience not required. Campers will be grouped by age and skill level when possible. If you have a special request for your child to be grouped with a friend or sibling, please notify us at the time of reservation and we will make every effort to accommodate your request.

Campers should come dressed for gymnastics activity and bring snacks and refillable water bottle labeled with their name. Full day campers will need to provide a sack lunch .

Remember to pick up your childcare receipt for tax purposes.

| Member - Camp Rates | | NON-Member - Camp Rates | |
|---------------------|----------|-------------------------|----------|
| \$30 | \$50 | \$40 | \$60 |
| Half Day | Full Day | Half Day | Full Day |



Camp Hours

AM Session: 8:30 am - 12:00 pm
PM Session 12:30 pm - 4:00 pm
Full Day Session 8:30 am - 4:00 pm

**extended care available 1 hour before or after. Additional fees apply.*

2017 Fall Camps

Client ID#: _____

| Member - Camp Rates | | NON-Member - Camp Rates | |
|---------------------|------------------|-------------------------|------------------|
| \$30 Half Day | \$50 Full Day | \$40 Half Day | \$60 Full Day |

| Participants | | |
|------------------------------------|-------------------------------|-------------------------------|
| Name: | Name: | Name: |
| DOB: | DOB: | DOB: |
| Allergies/medical Conditions: | Allergies/medical Conditions: | Allergies/medical Conditions: |
| Address/City/State/Zip: | | |
| Doctor: | | Phone: |
| Parent Contact / Emergency Contact | | |
| Mother/Guardian: | Father/Guardian: | |
| Address/City/State/Zip: | Address/City/State/Zip: | |
| Home/Cell #: | Home/Cell #: | |
| Email: | Email: | |

Parental Consent and Release

I understand there are certain risks inherent to participation in gymnastics, cheerleading, tumbling, physical fitness or other related activities, which can result in injury. Any activity involving motion or height creates the possibility of serious injury, including permanent paralysis and even death from landing or falling the head or neck. Landing can involve risks from minor to catastrophic or life threatening injuries. No amount of instruction, spotting or mats can guarantee safety. Participant/participant's parent(s) represent that they understand the nature of this activity and that participant is qualified, in good health, and proper physical condition to participate in such activity. Participant has no medical or physical conditions which would prevent participant from fully participating in all normal and customary activity in the sport, and agrees to immediately notify Athletic Achievement, Inc. dba Oceanside Gymnastics in writing if such medical or physical limitations occur. I acknowledge that if I believe the conditions are unsafe I will immediately discontinue my child's/myself from participation in the activity. Participant/participant's parent understands that they engage in all the activity with full knowledge of the possible risk. Participant/participant parent, siblings, and other family members hereby acknowledge that risks of injury are inherent, and hereby waive on behalf of participant, themselves, and any minor sibling, their heirs, successors or assigns, any and all claims in tort or for civil liability against Athletic Achievement, Inc. dba Oceanside Gymnastics arising from the foreseeable and/or customary risks of the sport or intended activity.

I give permission for my child's/my photograph to be taken and used at the discretion of Athletic Achievement, Inc. dba Oceanside Gymnastics, for publicity or professional purposes.

In the event of an emergency and I can not be reached, I hereby authorize Athletic Achievement, Inc. dba Oceanside Gymnastics as agent(s) for the undersigned to consent, in advance of any specific diagnosis, any treatment by any accredited hospital and/or physician deemed necessary. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California and shall remain in effect, unless sooner revoked in writing delivered to said agent(s) until December 31, 2019. I understand that I am responsible for any medical expenses that may be incurred through my child's/ my participation in activities at Athletic Achievement, Inc. dba Oceanside Gymnastics. I have read all the above warning and releases and agree to allow my child/myself to participate at Athletic Achievement, Inc. dba Oceanside Gymnastics.

Parent / Legal Guardian Signature: _____ Date: _____

| Date | Time In | Sign-In | Time In | Sign-Out |
|---------------------|---------|---------|---------|----------|
| Monday 11-20-17 | | | | |
| Tuesday 11-21-17 | | | | |