Cocanside GYMNASTICS SUMMER CAMPS



JUNE 12TH - AUGUST 11TH

FULL & HALF DAY CAMPS AVAILABLE



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.

At Oceanside Gymnastics summer 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 or purchase a hot lunch. Hot lunch order form is due by 9:00 Monday the week of camp, payment must accompany order form.

Remember to pick up your childcare receipt for tax purposes.

Camp Rates								
	Single Half Day	3 Half Days same week	5 Half Days same week	Single Full	3 Full Days same week	5 Full Days same week		
Members	\$40	\$100	\$160	\$60	\$150	\$240		
NON-members	\$50	\$126	\$180	\$75	\$188	\$300		

Summer Camp 2017

Camper #1:

DOB:

Allergies: Address



Camper #2:

DOB:

Allergies:

Camper(s) Registration

City

Client ID#:

Camper #3:

DOB:

Allergies:

State

Zip:

Doctor: Phone:									
Notes:									
Parent Contact / Emergency Contact									
Mother/Guardian:		Home/Cell #:		Address City/State/Zip:					
Father/Guardian: Home/Cell #:		Home/Cell #:		ldress y/State/Zip:					
Emergency Contact:		Home/Cell #:	i	Relationship:					
understand there are	Parental Consent and Release understand there are certain risks inherent to participation in gymnastics, cheerleading, tumbling, physical fitness or other related activities, which can								
ealth, and proper physical condition to participate in such activity. Participant has no medical or physical conditions which would prevent participant comfully participating in all normal and customary activity in the sport, and agrees to immediately notify Athletic Achievement, Inc. dba Oceanside symnastics in writing if such medical or physical limitations occur. I acknowledge that if I believe the conditions are unsafe I will immediately discontinue by child's/myself from participation in the activity. Participant/participant's parent understands that they engage in all the activity with full knowledge f the possible risk. Participant/participant parent, siblings, and other family members hereby acknowledge that risks of injury are inherent, and hereby raive on behalf of participant, themselves, and any minor sibling, their heirs, successors or assigns, any and all claims in tort of for civil liability against athletic Achievement, Inc. dba Oceanside Gymnastics arising from the foreseeable and/or customary risks of the sport or intended activity. 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 onsent, in advance of any specific diagnosis, any treatment by any accredited hospital and/or physician deemed necessary. This authorization is given ursuant 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 gent(s) until December 31, 2019. I understand that I am responsible for any medical expenses that my be incurred through my child's/my participation 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. I give permission for my child's/my photograph to be taken and used at the iscretion of Athletic Achievement, Inc. dba Oceanside Gymnastics, for p									
Parent / Legal Guardian Signature: Date:									
/ /2017	Time-In:		Time-Out:						
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/ /2017	Time-In:		Time-Out:						
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