Presidents Week **Gymnastics Camps**

February 17th - 21st



Oceanside Schools will be closed February 17-21. Time to start planning activities for the kids!

Oceanside Gymnastics will offer gymnastics camp Monday thru Friday during Oceanside School District's Presidents Week Break, February 17-21.

Your camper will be engaged in non-stop fun, while working on gymnastics skills, obstacle courses, trampoline, bungees, and each session includes a craft.

Half Day Campers will need to bring a peanut free snack, Full Day Campers will need to bring a lunch.



Camp Hours

AM Camp 8:30 - 12:00 PM Camp 12:30 - 4:00

Full Day Camp 8:30 - 4:00

Extended care available, additional fees apply.







760-941-0202

www.Oceansideymnastics.com

2020 Presidents Camp

Name:

1 Half Day



5 Full Days

3 Full Davs

 $February\ 17^{th}\ -\ 21^{st} \qquad \text{AM Camp: } 8:30\ -\ 12:00\text{pm} \ /\ \ PM\ Camp: \\ 12:30\ \text{pm}\ -\ 4:00\ \text{pm}$

Advanced Registration by: Monday February 1st

5 Half Days

3 Half Days

Members	\$40	\$100	\$160	9	660	\$150	\$240		
NON-members	\$50	\$126	\$180	9	575	\$188	\$300		
		Registration Rat	tes after <mark>Febru</mark>	ıary 1st					
Members	\$45	\$110	\$175	\$	\$65 \$160 \$255		\$255		
NON-members	\$65	\$136	\$195	\$	\$80 \$198 \$315		\$315		
		Par	ticipants						
Name:		Name:		Name:					
DOB: DOB:					DOB:				
Allergies/medical Conditions:	Allergies/medical Conditions:			Allergies/medical Conditions:					
Special requests (We will make ev	ery effort to accom	nmodate your request, b	ut can not make ί	guarantees):					
Address			City	City State Zip:					
Doctor:			Phone:	Phone:					
		Parent Contact	/ Emergency	Contact					
Mother/Guardian:			Father/Guard	Father/Guardian:					
Address City/State/Zip:			Address City/State/Zip	Address City/State/Zip:					
Home/Cell #:			Home/Cell #:	Home/Cell #:					
Email:			Email:	Email:					

Parental Consent and Release

Name:

Additional Person(s) authorized to Pick-up (ID required at pick-up)

Name:

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/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's parents, 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 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 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, 2021. I understand that I am responsible for any medical expenses that my 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. 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.

There are no credits, refunds, or transfers for missed days. There are no credits, refunds, or transfers of fees after advanced registration date. Changes made prior to advanced registration date may receive a refund and will be assessed a 10% processing fee.

Parent / Legal Guardian Signature:	Date:	