

# Are you Ready for a Break?

## Oceanside Gymnastics Spring Break Camp

March 29-April 1 & April 5-9

We will be closed April 2<sup>nd</sup> & 3<sup>rd</sup>  
In observance of the Holiday!



**\*\* Camp is for ages 4 yrs. & older, must be potty trained. \*\***

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

**Advanced registration required, NO Walk-Ins.**

What to bring:

- Peanut free snacks
- Enough water for all sessions of camps.
- Full day campers will need a peanut free lunch and two snacks that do not require refrigeration or heating.
- Campers under age 6, change of cloths



### Camp Hours

AM Camp 8:30 am - 12:00 pm

PM Camp 12:30 pm - 4:00 pm

Full Day Camp 8:30 am - 4:00 pm

*Extended care available, additional fees apply.*



**[www.OceansideGymnastics.com](http://www.OceansideGymnastics.com) 760-941-0202**

# 2021 Spring Camp



Client ID#: \_\_\_\_\_

March 29 <sup>th</sup> - April 1 <sup>st</sup> (Gym Closed Friday April 2 <sup>nd</sup> & Saturday April 3 <sup>rd</sup> )						
	1 Half Day	3 Half Days	4 Half Days	1 Full Day	3 Full Days	4 Full Days
Members	\$45	\$110	\$145	\$65	\$160	\$210
Non-Members	\$65	\$136	\$171	\$80	\$198	\$258
April 5 <sup>th</sup> - April 9 <sup>th</sup>						
	1 Half Day	3 Half Days	5 Half Days	1 Full Day	3 Full Days	5 Full Days
Members	\$45	\$110	\$175	\$65	\$160	\$255
Participants						
Name:		Name:		Name:		
DOB:		DOB:		DOB:		
Allergies/Medical Conditions:		Allergies/Medical Conditions:		Allergies/Medical Conditions:		
Special requests (We will make every effort to accommodate your request, but can not make guarantees):						
Address:		City:		Ca:	Zip:	
Doctor:		Phone:				
Parent/ Legal Guardian Contact				Emergency Contact		
Mother/Guardia:		Father/Guardian:		Name:		
Address: City/State/Zip:		Address: City/State/Zip:		Phone #:		
Phone #:		Phone #:		Names:		
Email:		Email:		Phone #:		
Additional Person(s) Authorized to Pick-Up (ID Required at Pick-Up)						
Name:		Name:		Name:		

## 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/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 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. 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. 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. 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 advance registration date. Changes made prior to advance registration date may receive a refund and will be assessed a 10% processing fee.

Parent / Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_