

FOR CAMPERS AGES 4-13 YEARS (MUST BE POTTY TRAINED)











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.

No Camp the week of July 1 - 5

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 lunch and two peanut free snacks.

Remember to pick up your childcare receipt for tax purposes.

21 Day Advanced Registration Rates						
	Single	3 Half Days	5 Half Days	Single	3 Full Days	5 Full Days
	Half Day	same week	same week	Full	same week	same week
Member	\$40	\$100	\$160	\$60	\$150	\$240
Non-Member	\$50	\$126	\$180	\$75	\$188	\$300
Less than 21 Day Registration Rates						
Member	\$45	\$110	\$175	\$65	\$160	\$255
Non-Member	\$65	\$136	\$195	\$80	\$198	\$315

Summer Camp 2019 6/7 - 8/2, no camp week of 7/1-7/5

AM Camp: 8:30 - 12:00pm / PM Camp: 12:30 pm - 4:00 pm Client ID#:

Advanced Registration apply for camp reservations with a : 21 day notice						
	1 Half Day	3 Half Days	5 Half Days	1 Full	3 Full Days	5 Full Days
Members	\$40	\$100	\$160	\$60	\$150	\$240
NON-members	\$50	\$126	\$180	\$75	\$188	\$300
Registration Rates: under 21 day notice						
Members	\$45	\$110	\$175	\$65	\$160	\$255
NON-members	\$65	\$136	\$195	\$80	\$198	\$315

Extended care \$10/Day or \$40/Week, 72 hour advanced notice required.

L'Atclided ed	ic \$10/Day of \$40/	WCCK, 72 Hour dave	aneca notice required.	
	Partici	pants		
Name: Name:			Name:	
DOB: DOB:			DOB:	
Allergies/medical Conditions: Allergies/medical Condition		ns:	Allergies/medical Conditions:	
Special requests (We will make every effort to accom	nmodate your request, but c	an not make guarantees):		
Address		City State Zip:		
Doctor:		Phone:		
	Parent Contact / Er	nergency Contact		
Mother/Guardian:		Father/Guardian:		
Address City/State/Zip:		Address City/State/Zip:		
Home/Cell #:		Home/Cell #:		
Email:		Email:		
Additional P	erson(s) authorized t	to Pick-up (ID require	ed 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'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 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, 2019. 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. Changes to your camp reservation, should be submitted in writing 31 days or more prior to your camp reservation, you will receive a full refund less a 10% processing fee. Any changes to your camp reservation within 30 days of camp reservation will not be subject to any credits, refunds or transfers. If you are using a voucher or gift certificate for payment, transferring reservations made to camp reservation 31 days prior to camp reservation, there will be a \$5.00 per day, or \$25.00 per camper/week to transfer your camp week.

Parent / Legal Guardian Signature:	Date:
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