

Schools out, GYMNASTICS CAMP IS IN!

Oceanside & Bonsall School Districts Closed for President's Week 2/18 - 2/22

Josed for President's Week 2/18 - 2/22

Vista & Carlsbad School Districts

Closed for President's Day on Friday 2/15 & Monday 2/18

Time to start planning President's Week break activities! Register your child for non-stop fun at Oceanside Gymnastics camp. Our campers will develop new skills and fine tune existing ones while playing athletic games, running obstacle courses, jumping time on trampolines and in the bungees, and create a different craft each half day session of camp.

Campers will need peanut free snacks and a refillable water bottle. Full Day Campers will also need a lunch that does not require heating or refrigeration. Campers ages 6 and under should pack a change of clothing.

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









2019 President's Camp February 18th-22nd



Client ID#:

AM Camp: 8:30am - 12:00pm & PM Camp: 12:30pm - 4:00pm

| Advanced Registration by: Monday February 4th | | | | | | | |
|---|------------|-------------|-------------|--------|-------------|-------------|--|
| | 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 after February 4th | | | | | | | |
| Members | \$45 | \$110 | \$175 | \$65 | \$160 | \$255 | |
| NON-members | \$65 | \$136 | \$195 | \$85 | \$198 | \$315 | |

| Participante | | | | | | | |
|---|--|---|--|--|--|--|--|
| railic | ipanis | | | | | | |
| Name: | | Name: | | | | | |
| DOB: | | DOB: | | | | | |
| Allergies/medical Conditio | ns: | Allergies/medical Conditions: | | | | | |
| nmodate your request, but o | can not make guarantees): | | | | | | |
| | | | | | | | |
| | City State Zip: | | | | | | |
| | Phone: | | | | | | |
| Parent Contact / Emergency Contact | | | | | | | |
| | Father/Guardian: | | | | | | |
| | Address City/State/Zip: | | | | | | |
| | Home/Cell #: | | | | | | |
| | Email: | | | | | | |
| Additional Person(s) authorized to Pick-up (ID required at pick-up) | | | | | | | |
| Name: Name: | | Name: | | | | | |
| | Name: DOB: Allergies/medical Condition modate your request, but of Parent Contact / E erson(s) authorized | DOB: Allergies/medical Conditions: modate your request, but can not make guarantees): City State Phone: Parent Contact / Emergency Contact Father/Guardian: Address City/State/Zip: Home/Cell #: Email: erson(s) authorized to Pick-up (ID require | | | | | |

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 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 | s, refunds, | or transfers f | for missed days | . There are no | t credits, | refunds, | or transfers | of fees af | ter advanced | registration date |
|----------------------|-------------|------------------|-----------------|------------------|------------|-----------|--------------|------------|--------------|-------------------|
| Changes made prior | r to advan | ced registration | on date may red | ceive a refund a | and will | be assess | ed a 10% pro | ocessing f | fee. | |

| Parent / Legal Guardian Signature: | Date: |
|------------------------------------|-----------|
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