



# Gold Coast Gymnastics, Inc. ~ 2016 Summer Gymnastics Camp

1420 Rupp Lane, Lake Worth, Fl. 33460 561-585-2700 -- www.gcgym.com



<b>Ages: Girls &amp; Boys 5-12 years old.</b>		
** 2016 Camp Registration Fee- 15.00		
	<b>Daily</b>	<b>Full Week</b>
<b>9:00am-12:00 (Half Day)</b>	45.00	164.00
<b>9:00 am- 4:00 (Full day)</b>	65.00	189.00
Sign-In/Drop off : 8:30-9:00		

**Early Bird Discount- Enrolled by May 6<sup>th</sup>**  
**\$ 10.00 off each Half Day/Week- (154.00/week)**  
**\$ 15.00 off each Full Day/Week- (174.00/week)**  
 (weeks do not need to be consecutive)  
 Only one type of discount applied

**Siblings:** 10% discount off of camp tuition. *Please note-ONLY one type of discount may be used per child- Discounts may not be combined.*

**Payment:** Cash, Checks, Visa, M/C, Disc. Payment is non-refundable and due with registration. No credit/transfers/refunds for day/time missed.

**Activities:** 9-12: **Gymnastics Class Time-** will include- Event training, tumbling, trampoline, open-workout, Games

12-1: Lunch & Rest Time- Please pack lunch in cooler/lunch box. *(Please note-we don't provide microwave or refrigerator for lunches)*

1-4: Fun Time Activities-will include: Gymnastics events, Arts & Crafts, Karate lessons, challenges and many more In-House Activities!!

**Parents & Campers:** GCG requires campers to have and follow proper gymnastics etiquette/behavior/rules. Campers not following etiquette/rules will not be permitted to participate in activities. If deemed necessary, parent/guardian may be called to pick up camper. **Signature** \_\_\_\_\_

<b>Child's Complete Name:</b>	<b>DOB:</b>	<b>AGE:</b>	<b>M or F</b>			
<b>Gymnastics Skill Level:</b> I don't know?---Super Dragon 5yr, <b>Girls</b> -Red, White, Blue, Bronze, Silver <b>Boys-</b> Beginner- Intermediate						
<b>Parent's Full Name: Mom-</b>		<b>Dad-</b>				
<b>*additional guardian-</b>						
<b>Contact Phone #: Mom Cell</b>		<b>Dad cell:</b>				
<b>Full Address:</b>						
<b>E-mail:</b>						
<b>Emergency contact person:</b>		<b>Phone #</b>				
<b>Medical Info:</b> is your child on medication? No—Yes Any medical conditions? (diabetes, asthma, epilepsy, attention/disorders )No-Yes Please explain:		<b>Any Allergies?</b> (nuts, strawberries, adhesives) No ---Yes Please explain:				
Additional person/s dropping off or picking up Name:		Phone #				
Additional person/s dropping off or picking up Name:		Phone #				
<b>X</b>	<b>Camp Weeks</b>	<b>Type of day</b>	<b>Days attending</b>	<b>Tuition</b>	<b>Discount</b>	<b>Pd</b>
1	June 6-June 10	9-12 or 9-4	M-T-W-TH-F			
2	June 13- June 17	9-12 or 9-4	M-T-W-TH-F			
3	June 20- June 24	9-12 or 9-4	M-T-W-TH-F			
4	June 27- July 1	9-12 or 9-4	M-T-W-TH-F			
5	July 5- July 8 (4 day )	9-12 or 9-4	---T-W-TH-F	Half-139 /Full-159		
6	July 11-July 15	9-12 or 9-4	M-T-W-TH-F			
7	July 18- July 22	9-12 or 9-4	M-T-W-TH-F			
8	July 25- July 29	9-12 or 9-4	M-T-W-TH-F			
9	August 5- August 5	9-12 or 9-4	M-T-W-TH-F			
<b>Date:</b>	<b>Pymt#</b>			<b>\$</b>		

I understand that participation in gymnastics activities involves motion, rotation, and height in a unique environment and as such carries with it the risk of catastrophic injury, paralysis, and even death. I understand and agree that GOLD COAST GYMNASTICS, INC., and it's entire staff and volunteers will assume no responsibility for injuries or medical expenses incurred by my son, daughter, student(s) or myself. My student(s), child (or I) has (have) no physical, mental or emotional problems that would interfere with participation in this program. If medically necessary, I give permission for a Doctor/ Hospital to treat my child. I have read and understand the above statements

**Parent Full Name:** \_\_\_\_\_ **Phone # ( )** \_\_\_\_\_

**Parental Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Sorry no Refunds. No credit/transfers/refunds for days or time missed