



Gold Coast Gymnastics, Inc. ~ 2017 Summer Gymnastics Camp

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



Ages: Girls & Boys 5-12 years old.

**** 2017 Camp Registration Fee- 15.00**

	Daily	Full Week
9:00am-12:00 (Half Day)	45.00	164.00
9:00 am- 4:00 (Full day)	65.00	189.00

Drop off : 8:30-9:00 --- Pick up: 12:00/4:00

Early Bird Discount- Enrolled by May 5th

\$ 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, 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** _____

Child's Complete Name:		DOB:	AGE:	M or F
Gymnastics Skill Level: Girls Beginner- Intermediate- Advanced		Boys- Beginner- Intermediate		
Parent's Full Name: Mom-		Dad-		
*additional guardian-				
Contact Phone #: Mom Cell		Dad cell:		
*additional guardian-				
Home Address:				
E-mail:				
Emergency contact person:		Phone #		
Medical Info: is your child on medication? No—Yes Any medical conditions? (diabetes, asthma, epilepsy, attention/disorders) No-Yes Please explain:		Any Allergies? (nuts, strawberries, adhesives) No ---Yes Please explain:		
Additional person/s dropping off or picking up Name:		Phone #		

X	Camp Weeks	Type of day	Days attending	Tuition	Discount	Pd
1	June 5-June 9	9-12 or 9-4	M-T-W-TH-F			
2	June 12- June 16	9-12 or 9-4	M-T-W-TH-F			
3	June 19- June 23	9-12 or 9-4	M-T-W-TH-F			
4	June 26- June 30	9-12 or 9-4	M-T-W-TH-F			
5	July 5- July 7 (3 day)	9-12 or 9-4	W-TH-F			
6	July 10-July 14	9-12 or 9-4	M-T-W-TH-F			
7	July 17- July 21	9-12 or 9-4	M-T-W-TH-F			
8	July 24- July 28	9-12 or 9-4	M-T-W-TH-F			
9	July 31- August 4	9-12 or 9-4	M-T-W-TH-F			

Date:	Pymt#	\$
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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