



TAG GYMNASTICS SUMMER DAY CAMP



JULY 3 to SEPT 1

9.00 to 5.00 full day

9.00 to 1.00 pm AM half day

1.00 to 5:00 pm PM half day

Girls & Boys-ages 3 to 15 years

Arts & Crafts

Full day & Half day AM PM Camps

Organized Sports & Games

Extended hours available (\$10 p/h)

Bring lunch, snacks & drinks

Daily Gymnastics Instruction

Extended Hours 8 - 9 am & 5 - 6 pm

Water bottle, sunscreen, & change of clothing

Pre-school campers ages 3 TO 4 AM only

CIRCLE PROGRAM & WEEKS Campers age 5 plus can attend full day

\$ 200 5 Full days	\$ 125 3 Full days	\$ 45 1 Full day
Please Circle Choice/s	\$ 115 5 Half days	\$ 70 3 Half days
	\$ 25 1 Half day	
Week 1 July 3-4-5-6-7	Week 2 July 10-11-12-13-14	Week 3 17-18-19-20-21
Week 4 July 24-25-26-27-28	Week 5 July 31 Aug 1-2-3-4	Week 6 Aug 8-9-10-11
Week 7 Aug 14-15-16-17-18	Week 8 Aug 21-22-23-24-25	Week 9 Aug 28-29-30-31 Sept 1

10 % off 2nd & 3rd child must be related

Please Circle AM PM or Full Day Plus GST

**** DISCOUNTED PRICE ** DAYS MUST BE CHOSEN IN THE SAME WEEK ****

Payment _____ **Credit Card** _____ **Expiry** _____



CHILD'S NAME _____ AGE _____ DOB _____ MALE / FEMALE

CHILD'S NAME _____ AGE _____ DOB _____ MALE / FEMALE

CHILD'S NAME _____ AGE _____ DOB _____ MALE / FEMALE

ADDRESS _____ CITY _____ POSTAL CODE _____

PARENT'S NAME _____ HOME PHONE _____

CELL PHONE _____ E-MAIL _____

PLEASE COMPLETE NEXT PAGE

Registration Fee \$ 15.00 if not registered with GBC

GBC current membership number _____

111-1611 Broadway St. Ave Port Coquitlam

tagsports.ca tagsports@telus.net 604-468-0121



TRAMPOLINE & ARTISTIC
GYMNASTICS

TRAMPOLINE & ARTISTIC
GYMNASTICS



PLEASE COMPLETE AND PRINT CLEARLY

PERSONS AUTHORIZED TO PICK-UP _____

PERSONS TO BE CONTACTED IN CASE OF EMERGENCY:

NAME _____ RELATION _____

HOME PHONE _____ CELL PHONE _____

NAME _____ RELATION _____

HOME PHONE _____ CELL PHONE _____

NAME _____ RELATION _____

HOME PHONE _____ CELL PHONE _____

CHILD'S PHYSICIAN _____ PHONE _____

EMERGENCY HOSPITAL PREFERENCE _____

MEDICAL CONDITIONS _____ ALLERGIES _____

SPECIAL INSTRUCTIONS _____

I hereby authorize the staff of TAG Gymnastics Camp to act for me according to their best judgment in any emergency requiring medical attention & hereby waive & release the camp staff and TAG Gymnastics from any and all liability for any injuries and illness incurred while at the camp. I understand that participation in gymnastics and various sports activities involves motion and as such carries with it the risk of injury. The camp is not responsible for personal items that are lost, stolen, or damaged. All medical expenses incurred will be the responsibility of the camper's family. In lieu of medical certificate signed by a medical doctor, I have no knowledge of any physical or mental impairment that would be affected by the named camper's participation in the camp program.

I also understand the Camp retains the right to use any photographs, videotapes, motion picture recordings, or any other record of this event for publicity, advertising, or any legitimate purpose.

SIGNATURE _____ DATE _____