



TAG GYMNASTICS

SUMMER DAY CAMP



JULY 3 to AUG 31

9.00 to 5.00 full day

9.00 to 1.00 pm AM half day

Girls & Boys-ages 3 to 15 years

2018

Arts & Crafts 1.00 to 5:00 pm PM half day

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 3-5yr old

Pre-school campers ages 3 TO 4 AM only

Campers age 5 plus can attend full day

CIRCLE PROGRAM & WEEKS

\$ 200 5 Full days	\$ 125 3 Full days	\$ 45 1 Full day
\$ 115 5 Half days	\$ 70 3 Half days	\$ 25 1 Half day

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

Week 1 July 3-4-5-6 Week 2 July 9-10-11-12-13 Week 3 16-17-18-19-20

Week 4 July 23-24-25-26-27 Week 5 July 30-31-Aug 1-2-3 Week 6 Aug 7-8-9-10

Week 7 Aug 13-14-15-16-17 Week 8 Aug 20-21-22-23-24 Week 9 Aug 27-28-29-30-31

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

NO REFUNDS ONCE REGISTERED
Changes must be made 24 hours prior to the camp by e-mail. tagsports@telus.net
Credit will be given for the day missed.



Signature _____

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 _____