



# TAG GYMNASTICS SUMMER DAY CAMP



## JULY 2 to AUG 30

9.00 to 5.00 full day

9.00 to 1.00 pm AM half day

Girls & Boys-ages 3 to 15 years

### 2019

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

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

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

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



**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 \_\_\_\_\_**