



TAG GYMNASTICS

SUMMER DAY CAMP



2021

JULY 5 to Sept 3

9 to 4.30 Full day

9.00 to 12.30 AM half day

1.00 to 4.30 pm PM half day

Extended hours not available at this time

Girls & Boys-ages 3 to 15 years

Daily Gymnastics Instruction

Arts & Crafts Organized sports & games

Bring lunch, snacks, drinks, refillable waterbottle & change of clothes

PLEASE E-MAIL THIS FORM TO

tagsports@telus.net

Full days limited to 6 children due to Covid 19 precautions

CIRCLE PROGRAM & WEEKS. CAMPERS 3 & 4 YEARS OLD RESTRICTED TO HALF DAY AM OR PM

Please Circle	\$ 250 5 Full days	\$ 155 3 Full days	\$ 55 1 Full day
Choice/s	\$ 135 5 Half days	\$ 80 3 Half days	\$ 30 Half day
Week 1	July 5 6 7 8 9	Week 2	July 12 13 14 15 16
Week 3	19 20 21 22 23	Week 4	July 26 27 28 29 30
Week 5	Aug 3 4 5 6	Week 6	Aug 9 10 11 12 13
Week 7	Aug 16 17 18 19 20	Week 8	Aug 23 24 25 26 27
Week 9	Aug 30 31	Sept 1 2 3	

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

Please Circle AM PM FULL DAY Fees 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

My child is registered with GBC YES NO

1110 - 819 Seaborne Ave Port Coquitlam

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





PLEASE COMPLETE AND PRINT CLEARLY
PLEASE WEAR A MASK WHEN COMING INTO THE GYM
PARENTS MUST SIGN IN WHEN DROPPING OFF THEIR CHILD AND SIGN OUT WHEN PICKING UP THEIR CHILD

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 _____