



# TAG GYMNASTICS

## SPRING BREAK CAMP



Mar 14 to 25

9 to 4.30 Full day

9.00 to 12.30 AM half day

1.00 to 4.30 pm PM half day

Girls & Boys-ages 3 to 15 years

2022

Half day AM PM Camps Arts & Crafts

Organized Sports & Games

Extended hours not available at this time

Bring lunch, snacks & drinks

Daily Gymnastics Instruction

### CIRCLE PROGRAM & WEEKS

Campers age 3 & older

Please bring a water bottle

<b>Please Circle</b>	\$ 250 5 Full days	\$ 155 3 Full days	\$ 55 1 Full day
<b>Choice/s</b>	\$ 135 5 Half days	\$ 80 3 Half days	\$ 30 Half day
<b>Week 1</b>	Mar 14 15 16 17 18	<b>Week 2</b>	Mar 21 22 23 24 25

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 \_\_\_\_\_ 3 digit # \_\_\_\_\_ 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 Yes \_\_\_ No \_\_\_

1110 - 819 Seaborne 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 \_\_\_\_\_**