



# TAG GYMNASTICS

## SUMMER DAY CAMP



2023

JULY 3 to Sept 1

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**

**CIRCLE PROGRAM & WEEKS.**

**CAMPERS 3 & 4 YEARS OLD RESTRICTED TO HALF DAY AM OR PM & MUST BE POTTY TRAINED**

\$ 260	5 Full days	\$ 210	4 Full Days	\$ 160	3 Full days	\$ 65	1 Full day
\$ 150	5 Half days	\$ 120	4 Half Days	\$ 90	3 Half days	\$ 40	1 Half day
<i>Circle choices 1e: 3 full days week 1 and 3 days in the week 10% off 2nd and 3rd child</i>							
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		

Please Circle AM PM FULL DAY Fees Plus GST

**MULTI DAY 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 \_\_\_\_\_