

# WINTER CAMPS

Dec. 27<sup>th</sup>-28<sup>th</sup> & Jan. 2<sup>nd</sup>-4<sup>th</sup>



## Register Today!

Ages 4+ and Potty Trained

**Time to start planning winter break activities for your kids. At Oceanside Gymnastics camp, your child will be engaged in non-stop fun, gymnastics skills, obstacle courses, trampoline time, bungees, and a craft is included in each half day camp session.**



**Oceanside Gymnastics 760-941-0202**

# 2018 Winter Camps

Client ID#: \_\_\_\_\_

	Single Half Day	3 Half Days <i>same week</i>	5 Half Days <i>same week</i>	Single Full	3 Full Days <i>same week</i>	5 Full Days <i>same week</i>
Member	\$40	\$100	\$160	\$60	\$150	\$240
Non-Member	\$50	\$126	\$180	\$75	\$188	\$300

Participants		
Name:	Name:	Name:
DOB:	DOB:	DOB:
Allergies/medical Conditions:	Allergies/medical Conditions:	Allergies/medical Conditions:
Address:	City:	State: Zip:
Doctor:	Phone:	
Additional Information:		

Parent Contact / Emergency Contact	
Mother/Guardian:	Father/Guardian:
Address City/State/Zip:	Address City/State/Zip:
Home/Cell #:	Home/Cell #:
Email:	Email:
Additional Person(s) authorized to Pick-up (ID required at pick-up)	
Name:	Name:
Name:	Name:

### Parental Consent and Release

I understand there are certain risks inherent to participation in gymnastics, cheerleading, tumbling, physical fitness or other related activities, which can result in injury. Any activity involving motion or height creates the possibility of serious injury, including permanent paralysis and even death from landing or falling the head or neck. Landing can involve risks from minor to catastrophic or life threatening injuries. No amount of instruction, spotting or mats can guarantee safety. Participant/participant's parent(s) represent that they understand the nature of this activity and that participant is qualified, in good health, and proper physical condition to participate in such activity. Participant has no medical or physical conditions which would prevent participant from fully participating in all normal and customary activity in the sport, and agrees to immediately notify Athletic Achievement, Inc. dba Oceanside Gymnastics in writing if such medical or physical limitations occur. I acknowledge that if I believe the conditions are unsafe I will immediately discontinue my child's/myself from participation in the activity. Participant/participant's parent understands that they engage in all the activity with full knowledge of the possible risk. Participant/participant parent, siblings, and other family members hereby acknowledge that risks of injury are inherent, and hereby waive on behalf of participant, themselves, and any minor sibling, their heirs, successors or assigns, any and all claims in tort of for civil liability against Athletic Achievement, Inc. dba Oceanside Gymnastics arising from the foreseeable and/or customary risks of the sport or intended activity.

I give permission for my child's/my photograph to be taken and used at the discretion of Athletic Achievement, Inc. dba Oceanside Gymnastics, for publicity or professional purposes.

In the event of an emergency and I can not be reached, I hereby authorize Athletic Achievement, Inc. dba Oceanside Gymnastics as agent(s) for the undersigned to consent, in advance of any specific diagnosis, any treatment by any accredited hospital and/or physician deemed necessary. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California and shall remain in effect, unless sooner revoked in writing delivered to said agent(s) until December 31, 2019. I understand that I am responsible for any medical expenses that may be incurred through my child's/ my participation in activities at Athletic Achievement, Inc. dba Oceanside Gymnastics. I have read all the above warning and releases and agree to allow my child/myself to participate at Athletic Achievement, Inc. dba Oceanside Gymnastics.

Parent / Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_