

SCATS Gymnastics SUMMER CAMP REGISTRATION

Student's Name _____ Age _____ D.O.B. _____ M / F
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 Student's Name _____ Age _____ D.O.B. _____ M / F
 Parent's Name _____ Phone _____ Cell _____
 Address _____ City _____ Zip _____
 Email _____
 Emergency Name _____ Relationship _____ Emergency # _____
 Medical Conditions / Allergies _____

2018 Summer Summed Up:

Week 1: June 25th—29th **Magical Mystery Week**
 Week 2: July 2,3—5,6th **"Surfin' USA"**
 Week 3: July 9th—13th **"It's a Jungle Out There!"**
 Week 4: July 16th—20th **Pirates & Princesses**
 Week 5: July 23rd—27th **Super Heroes**

Week 6: July 30th—August 3rd **Mini-Olympics!**
 Week 7: August 6th—10th **Star Wars Week**
 Week 8: August 13th—17th **All Sports Week**
 Week 9: August 20th—24th **The Great Outdoors**
 Week 10: August 27th—August 31st **Hawaiian Luau**

SECTION BELOW TO BE COMPLETED BY OFFICE. PLEASE COMPLETE REVERSE SIDE.

F=Full Day A=Half-Day AM P=Half-Day PM L=Lunch (\$6 / \$8 Chuck E. Cheese)

	Mon	Tues	Wed	Thur	Fri	E/C	Disc.	Total	PAID	Init.
Week 1	/	/	/	/	/					
Week 2	/	/	CLOSED JULY 4th	/	/					
Week 3	/	/	/	/	/					
Week 4	/	/	/	/	/					
Week 5	/	/	/	/	/					
Week 6	/	/	/	/	/					
Week 7	/	/	/	/	/					
Week 8	/	/	/	/	/					
Week 9	/	/	/	/	/					
Week 10	/	/	/	/	/					

T-SHIRT: First Free, \$8 for additional shirts
 (Free t-shirt included with purchase of 2 or more PM sessions or full days of camp)

Please sign & complete back 

Permission Slip

I give permission for my child(ren) _____ to attend SCATS Gymnastics Summer Camp. I confirm that my child is in good health and that he/she has had a physical exam within the last six months. In the event of an emergency, I authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is give pursuant to the provisions of section 25.8 of the Civil Code of California.

Acceptance of Camp Policies (Please Review and Initial)

_____ **Child Health & Safety:** I understand that I am duly responsible for my camper’s behavior while on the premises of SCATS Gymnastics, including parking lots, restrooms, waiting areas, etc., as well as at Marina High School Pool, Chuck-E Cheese, GetAir, or any other field trip destinations. *I will provide contact information and be available by phone in case of any emergencies or behavioral issues that may require immediate attention.*

_____ **Snacks & Lunches:** Snacks are provided at camp at no extra cost. Lunches may be purchased. I understand that substitutions are not available to meet various dietary restrictions or allergies of any severity. I am responsible to provide food that meets my camper’s special dietary needs or allergies and understand that there is a risk of exposure to various allergens despite all reasonable precautions taken.

_____ **Photos:** I understand that photos taken of my camper during camp activities may be used for SCATS promotional content and materials only and without the use of names.

_____ **Payment & Reservation:** I understand that full payment for camp is due upon reservation. I understand that camp must be scheduled with a minimum 24 hours notice, and extended care with a minimum 72 hours notice. I understand that there is no guarantee of availability for camp or extended care requested with late notice and that any “walk-in” requests will not be accommodated. I understand there is a \$25.00 charge for all returned checks.

_____ **Cancellation:** I understand that refunds are not issued for camp reservations. Full-week reservations may be re-scheduled with a minimum 14 days notice. Single day reservations may be rescheduled with a minimum 72 hours notice.

_____ **Missed Camp Days:** I understand there is no credit given for missed camp days or extended care.

_____ **Late Pick-up:** I understand that extended care must be reserved at time of camp booking and that all pick-up times are sharp. **Late pick-up may be subject to a charge of \$1 per minute past the pick-up time.**

_____ **Walk-in Requests:** I understand that reservations require 24 hours notice and walk-ins will not be accommodated.

Release of Liability Waiver

Name of parent(s), guardian(s) and/or adult participant(s) _____
I (we) despite all reasonable precautions implemented for safety, am (are) fully aware of and appreciate the risks , including the risk of catastrophic injury or death, as well as other damages and losses associated with participation in the programs or activities. I (we) knowingly and willingly assume all such risks. Consequently, I (we) hereby for myself, heirs, executors and the administrators, do waive and release any and all rights and claims for damages against SCATS Gymnastics, its owners, administrators, operators, coaches and other members, from personal injury or accident of any sort or nature suffered by me (us), the undersigned, my child(ren), or the child(ren) under my guardianship, by reason of participation or membership in classes, lessons, or any programs or activities of SCATS Gymnastics.

Date

Signature of Parent or Legal Guardian