



2017 Summer Camp Registration Form

Child's Information					
Name:		Sex:	Age:	DOB:	
Mother/Parent 1 Name:			Father/Parent 2 Name:		
Address:		City:	State:	Zip:	
Home Ph#:	Parent 1 Cell #:		Parent 2 Cell #:		
Password for pickup (if desired):		Alt. contact person:		Emergency #:	
Are there any medical conditions/allergies to which we should be alerted? Please specify: <input type="checkbox"/> Yes <input type="checkbox"/> No 					
Is your child currently enrolled in classes/team at Coast Elite? Please specify day(s)/time(s) <input type="checkbox"/> Yes <input type="checkbox"/> No 					
I understand that it is the intent of Coast Elite Gymnastics to provide for the safety and protection of my child; therefore, if I am not available, I authorize Coast Elite and its' employees to seek attention for my child and execute orders to authorize emergency medical treatment, which may be required.					
_____ Signature of parent or legal guardian			_____ Date		
Persons Authorized to Pick up (other than parents and emergency contact)					
Name:		Phone:	Name:		Phone:
Name:		Phone:	Name:		Phone:
Selected weeks (indicate days attending, check in column "R" for regular hours or "E" for extended hours)					
	Wk 1: May 30-June 4 R E (4 Days!!) <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Wk 2: June 5-9 R E <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Wk 3: June 12-16 R E <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Wk 4: June 19-23 R E <input type="checkbox"/> <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Wk 5: June 26-30 R E <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Wk 6: July 3-7 R E (4 days!!) <input type="checkbox"/> Monday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Wk 7: July 10-14 R E <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Wk 8: July 17-21 R E <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Wk 9: July 24-28 R E <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Wk 10: July 31-Aug 4 R E <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Wk 11: Aug. 7-9 (3 Days!!) R E <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday
Payment Information					
Member: <input type="checkbox"/> No <input type="checkbox"/> Yes			Shirt size: YS YM YL AS (2 Full weeks Paid in Full Free T-shirt!)		
Cardholder name:			Card type:		
Credit card #:		Expiration date:	CCV Code:		
Billing address (if different from client)					
I fully understand the Coast Elite Gymnastics Summer Camp Payment Policies, of which I am in receipt; therefore, I hereby authorize C.E.G.A. to charge my credit card in accordance with these policies. In addition, I understand that NO REFUNDS will be given for missed days/weeks or cancellations. I have read and agree to comply with this policy.					
_____ Signature of Parent/Legal guardian			_____ Date		
OFFICE USE: Total due: \$ _____		Date: _____	Fm of pmt: _____		

2017 Summer Camp Policy

*Coast Elite's Summer Camp is staffed According to how many children are pre-registered. Please Pre-Register for the weeks you intend to send your child on this form and turn into the office along with the Program Registration form.

*There are NO REFUNDS, or CREDITS for days not used that have been paid for.

*Coast Elite's Summer Camp is for ages 5-13, and is a co-ed Camp. Children must be able to use the restroom independently.