

2019 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 (REQUIRED):		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 in an emergency (other than parents and emergency contact) Password required					
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 31 R E <input type="checkbox"/> <input type="checkbox"/> Friday	Wk 2: June 3-7 R E <input type="checkbox"/> <input type="checkbox"/> Monday <input type="checkbox"/> <input type="checkbox"/> Tuesday <input type="checkbox"/> <input type="checkbox"/> Wednesday <input type="checkbox"/> <input type="checkbox"/> Thursday <input type="checkbox"/> <input type="checkbox"/> Friday	Wk 3: June 10-14 R E <input type="checkbox"/> <input type="checkbox"/> Monday <input type="checkbox"/> <input type="checkbox"/> Tuesday <input type="checkbox"/> <input type="checkbox"/> Wednesday <input type="checkbox"/> <input type="checkbox"/> Thursday <input type="checkbox"/> <input type="checkbox"/> Friday	Wk 4: June 17-21 R E <input type="checkbox"/> <input type="checkbox"/> Monday <input type="checkbox"/> <input type="checkbox"/> Tuesday <input type="checkbox"/> <input type="checkbox"/> Wednesday <input type="checkbox"/> <input type="checkbox"/> Thursday <input type="checkbox"/> <input type="checkbox"/> Friday	Wk 5: June 24-28 R E <input type="checkbox"/> <input type="checkbox"/> Monday <input type="checkbox"/> <input type="checkbox"/> Tuesday <input type="checkbox"/> <input type="checkbox"/> Wednesday <input type="checkbox"/> <input type="checkbox"/> Thursday <input type="checkbox"/> <input type="checkbox"/> Friday	Wk 6: July 1-5 R E (4 days!!) <input type="checkbox"/> <input type="checkbox"/> Monday <input type="checkbox"/> <input type="checkbox"/> Tuesday <input type="checkbox"/> <input type="checkbox"/> Wednesday <input type="checkbox"/> <input type="checkbox"/> Thursday <input type="checkbox"/> <input type="checkbox"/> Friday
Wk 7: July 8-12 R E <input type="checkbox"/> <input type="checkbox"/> Monday <input type="checkbox"/> <input type="checkbox"/> Tuesday <input type="checkbox"/> <input type="checkbox"/> Wednesday <input type="checkbox"/> <input type="checkbox"/> Thursday <input type="checkbox"/> <input type="checkbox"/> Friday	Wk 8: July 15-19 R E <input type="checkbox"/> <input type="checkbox"/> Monday <input type="checkbox"/> <input type="checkbox"/> Tuesday <input type="checkbox"/> <input type="checkbox"/> Wednesday <input type="checkbox"/> <input type="checkbox"/> Thursday <input type="checkbox"/> <input type="checkbox"/> Friday	Wk 9: July 22-26 R E <input type="checkbox"/> <input type="checkbox"/> Monday <input type="checkbox"/> <input type="checkbox"/> Tuesday <input type="checkbox"/> <input type="checkbox"/> Wednesday <input type="checkbox"/> <input type="checkbox"/> Thursday <input type="checkbox"/> <input type="checkbox"/> Friday	Wk 10: July 29-Aug 2 R E <input type="checkbox"/> <input type="checkbox"/> Monday <input type="checkbox"/> <input type="checkbox"/> Tuesday <input type="checkbox"/> <input type="checkbox"/> Wednesday <input type="checkbox"/> <input type="checkbox"/> Thursday <input type="checkbox"/> <input type="checkbox"/> Friday	Wk 11: Aug 5-9 R E <input type="checkbox"/> <input type="checkbox"/> Monday <input type="checkbox"/> <input type="checkbox"/> Tuesday <input type="checkbox"/> <input type="checkbox"/> Wednesday <input type="checkbox"/> <input type="checkbox"/> Thursday <input type="checkbox"/> <input type="checkbox"/> Friday	
Payment Information (Payment must be made on Friday the week before) PASSWORD REQUIRED					
Run weekly auto bill on Fridays: <input type="checkbox"/> No <input type="checkbox"/> Yes					
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: _____	

2019 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.

*Please pack a lunch box lunch for your child, no refrigerator or microwave meals please.

*Please send an extra set of clothes each day with your child.

*Coast Elite is not responsible for any cell phones, I-pads, or any other electrical device lost or broken at camp.

* We are a PEANUT FREE summer camp. Please refrain from packing anything containing peanuts in your child's lunch.

Thank you!