

Students Name _____ Age _____ D.O.B. _____ M / F

Parents Name _____ Phone # _____ Cell _____

Address _____ Town _____ Zip _____

Email _____

Emergency Name / # _____

Medical Conditions / Allergies _____

Summer Summed Up!

Week 1: June 21-25 The "Magic" of Camp

Week 2: June 28-July 2 Around the World in 5 Days

Week 3: July 5-9 Surf Safari

Week 4: July 12-16 Pirates and Princesses

Week 5: July 19-23 Super Heroes

Week 6: July 26-30 All-Stars

Week 7: August 2-6 It's a jungle out there!

Week 8: August 9-13 The Great Outdoors

Week 9: August 16-20 Space & Aliens

Week 10: August 23-27 Challenge Yourself!

Week 11: August 30-Sept. 3 Best of the Best

Please use the following system to let us know when you would like to participate in our Summer Camps.

Mark in the upper left portion of the box. Indicate "Extended care" with the hours needed:

F=Full Day A=Half day AM P=Half day PM L=Lunch

	Mon	Tues *	Wed *	Thur	Fri *	E/C	Extra \$	Disc	Total	PAID	Init.
Wk 1											
Wk 2											
Wk 3											
Wk 4											
Wk 5											
Wk 6											
Wk 7											
Wk 8											
Wk 9											
Wk 10											
Wk 11											

* Activities requiring extra payment ex: Pool \$2/day, Chuck-E Cheese \$7.50, Special Guests TBD

Please sign release form on back 

Permission Slip

I give permission for my child _____ to attend SCATS Gymnastics Gym & Swim 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.

Child’s Safety: I understand that I am responsible for my child’s behavior and safety 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 or any other field trips.

Photos: I understand that photos taken of my child during camp activities may be used for SCATS promotional material ONLY, and without the use of names.

Tuition: I understand that tuition for camp is due on the day I sign my child up for camp. Extended care must be scheduled at least 7 days in advance and must be paid for at that time. There is a \$25.00 charge for all checks returned by the bank.

Missed Classes: I understand there is no credit given for missed camp days or extended care.

Date

Signature of Father, Mother, or Legal Guardian