

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

Parents Name _____ Phone _____ Cell _____

Address _____ City _____ Zip _____

Email _____

Emergency Name _____ Relationship _____ Emergency # _____

Medical Conditions / Allergies _____

Summer Summed Up:

Week 1: June 20th—24th **The “Magic” of Camp**

Week 2: June 27th—July 1st **Around the World in 5 Days**

Week 3: July 5th—8th **Surf Safari**

Week 4: July 11th—15th **Pirates and Princesses**

Week 5: July 18th—22nd **Super Heroes**

Week 6: July 25th—29th **All-Stars**

Week 7: August 1st—5th **It’s a jungle out there!**

Week 8: August 8th—12th **The Great Outdoors**

Week 9: August 15th—19th **Space & Aliens**

Week 10: August 22nd—26th **Challenge Yourself!**

Week 11: August 30th—Sept 3rd **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.
Week 1											
Week 2											
Week 3	Closed July 4th										
Week 4											
Week 5											
Week 6											
Week 7											
Week 8											
Week 9											
Week 10											
Week 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