

# GCGC Summer CAMP



**WEEK 1**  
Jul 16-20

**WEEK 2**  
Jul 23-27

**WEEK 3**  
Aug 13-17

**WEEK 4**  
Aug 27-31

Choose GCGC Summer Camp for fun, fitness, and friendships!

Offering full day, half day, and drop-in programs

Gymnastics instruction by our certified and bilingual coaches

Other activities include arts and crafts, games, and outdoor recreation

Program and registration details at  
[www.gcgc.ca](http://www.gcgc.ca)

       
[/gcgcgymnastics](https://www.instagram.com/gcgcgymnastics)

## PROGRAMS

Full week 9-4pm .....	\$225.00
Half day 9-12 or 1-4 .....	\$135.00
Drop-in (full days – per day registration) .....	\$50.00

## METHOD OF PAYMENT

Cheque or Exact Cash.

No refunds after commencement of class.

## BEFORE AND AFTER CARE

Available 1 hour before and after care

8am-5pm for Full Day Campers

8am-12pm for Half Day Campers

## WHAT TO BRING?

- Appropriate clothing
  - Boys: t-shirt & shorts
  - Girls: leotard/t-shirt & shorts
- Lunch, 2 snacks and a bottle of water.
  - No nuts, garlic, or MSG please!
- Long hair tied back & NO jewelry
- Extra clothes, a sun hat, and sunscreen
- a BIG smile 😊 and LOTS of energy



## HOW TO REGISTER?

Complete this form, sign where indicated, mail and drop it off with full payment to GCGC or call in to arrange registration in person.

To save a space at camp, please register your child and ensure payment is made 2 weeks prior to the camp.

Cheques made payable to: GCGC.

NO REFUNDS AFTER CAMP START DATE (except to injury with Medical Certificate.)

Camp fees must be paid prior to camp start date. No post-dated cheques. \$42.50 for NSF cheque.

## REGISTRATION FORM

Child's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (cell): \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Telephone: \_\_\_\_\_

Week of camp	Full days	Half days	Drop-in	Cost
Week 1: July 16 to 20	\$225	\$135	\$50	
Week 2: July 23 to 27	\$225	\$135	\$50	
Week 3: August 13 to 17	\$225	\$135	\$50	
Week 4: August 27 to 31	\$225	\$135	\$50	
Add: Before care (\$15/wk)	-	-	-	
Add: After care (\$15 /wk)	-	-	-	
<b>TOTAL SUMMER CAMP FEES</b>				

I, the parent/caregiver, will not hold GCGC responsible, now or in the future, for any injuries my/the child may suffer while participating at any GCGC camp or event.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date registered: \_\_\_\_\_

Paid: Cheque/Cash received by: \_\_\_\_\_

## RELEASE OF LIABILITY

### PHOTOGRAPHY FOR PROMOTIONAL PURPOSES

I understand that photos may be taken of my child as part of normal participation in the sport of gymnastics; however some photos may be selected by GCGC Gymnastics for use in promotional materials including posters, online banner images and printed advertisements.

I do \_\_\_\_\_ / do not \_\_\_\_\_ give permission for my child's photo to be selected to appear in such promotional material for GCGC gymnastics.

Date: \_\_\_\_\_ Parent's signature: \_\_\_\_\_

\*By signing this document, you waive certain legal rights, including the right to sue. PLEASE READ CAREFULLY.

### AWARENESS AND ASSUMPTION OF RISK

I am aware that the sport of gymnastics involves risks including risk of personal injury, death, property damage, expense and related loss, including loss of income. Included in these risks are negligence on the part of GCGC Gymnastics, its directors, officers, officials and volunteers, other participants and owners of the facilities where the activities occur (referred to in the rest of this agreement as "GCGC Gymnastics AND OTHERS.") I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense and related loss, including loss of income.

### RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of GCGC Gymnastics accepting my application to participate in this activity, I agree:

To waive any and all claims that I may have in the future against GCGC Gymnastics AND OTHERS.

1. To release GCGC Gymnastics AND OTHERS from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.
2. To hold harmless and indemnify GCGC Gymnastics AND OTHERS from any and all liability for any damage to property of, or personal injury to, any third party, resulting from my participation in this activity.
3. That this agreement is binding on not only myself, but my next of kin, heirs, executors, administrators and assigns.

*I HAVE READ THIS AGREEMENT AND UNDERSTAND IT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN RIGHTS WHICH I OR MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST GCGC GYMNASTICS AND OTHERS.*

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Please print name clearly

\_\_\_\_\_  
Please print name clearly