

## SUMMER TRAINING CAMP SIGN-UP

I would like to sign up for the following:

**Tumble Bug Camp ? or Regular Camp ?**  
**Half Day ? or Full Day ?**

### Session 1 (6/22-6/26)\*

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- All of the Above

### Session 2 (7/13-7/17)\*

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- All of the Above

**Before Care \$5**  
**8:30-9:30am**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- All of the Above

### Session 3 (7/27-7/31)\*

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- All of the Above

### Session 4 (8/10-8/14)\*

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- All of the Above

**After Care \$15**  
**2:30-5:30pm**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- All of the Above

\*Please make your reservation with a 50% non-refundable deposit. Full payment is required for Before and After Care reservations. Summer Camp balance is due prior to the first day attended or a \$10.00 late fee will be assessed.

Email: office@PerformanceAthleticsSLO.com

Web: www.PerformanceAthleticsSLO.com

Phone: (805) 547-1GYM (1496)

San Luis Obispo, CA 93401

4484 Broad St.

ATHLETICS

Performance



2009

## Summer Gymnastics & **Tumble Bug\*** Camps

### **Session 1**

June 22-26\* "Sea to Stars"

### **Session 2**

July 13-17\* "Sports week"

### **Session 3**

July 27-31\* "Outdoors week"

### **Session 4**

August 10-14\* "Animal week"



**(805) 547-1GYM (1496)**

## CAMP Information

All levels can join in the fun!  
Boys and Girls, ages 3-5 for Tumble Bug  
Camp & ages 5 and up for Gymnastics  
Camp. Even if you've never tried  
gymnastics before, this camp is for you.

Learn new skills!  
Gain confidence!  
Try new things!  
Make new friends!

**Gymnastics & Tumble Bug**  
**Full Day: 9:30am-2:30pm**  
**Half day: 9:30am-12:30pm**

Payments for "Early" rate are due two (2)  
weeks prior to the camps start date.  
"Regular" rate is for payments made within  
two (2) weeks of the camps start date.

**Full Day ~ All week, 5 days**  
\$150 (early)/\$175 (regular) first child  
\$100 (early)/\$125 (regular) each sibling  
**Full Day ~ 1 day rate**  
\$45 (early)/\$60 (regular) first child  
\$25 (early)/\$40 (regular) each sibling

**Half day ~ All week, 5 days**  
\$100 (early)/\$125 (regular) first child  
\$75 (early)/\$100 (regular) each sibling  
**Half day ~ 1 day rate**  
\$25 (early)/\$40 (regular) first child  
\$20 (early)/\$35 (regular) each sibling

Before & After care available  
at an additional cost.

## MORE Information

Our fantastic coaching staff is made up of  
USAG safety certified, Professional and  
Instructor members. The coaches will be;

PA current gym staff & Special guest  
coaches from across the Nation!

Special guest coaches may be subject to  
change with out notification.

Our staff is CPR and First Aid certified.

**All children should bring  
the following...**

**Water Bottle**  
**Healthy Snack**  
**Healthy Lunch**

*Gymnasts will fine tune skills  
and learn new ones!*

Come join the fun!  
Training for all levels  
and games, too!

**"Where Tomorrow's  
Champions, Train Today!"**

## REGISTRATION / LIABILITY RELEASE

I fully understand that my child, \_\_\_\_\_  
will be participating in activities that may/will involve  
motion, height, speed and/or rotational skills. The inherit risk  
involved creates a possibility of serious injury. Never land on  
head, neck, or back as serious, catastrophic injury, even death  
could result. The risk can be reduced by strictly following  
gym guidelines and rules at all times. For myself, and on  
behalf of the above gymnast, our heirs, assigns and next of  
kin, we willingly and voluntarily accept and assume all such  
risks. I agree not to hold LGCM, LLC doing business as  
"Performance Athletics", Leslie Breeze, or any instructors,  
agents, or employees of LGCM, LLC liable for any injuries,  
illnesses, or any other physical, emotional, or mental  
conditions that occurred before, during, or after training at  
Performance Athletics. I understand Performance Athletics  
and their representatives take photographs/videos for the  
programs use in print and electronic publications. I release  
and give permission to Performance Athletics to use such  
images as they deem fit. If I should object, I will notify  
Performance Athletics in writing.

Today's Date \_\_\_\_\_ Guardian Name \_\_\_\_\_

Guardian Signature \_\_\_\_\_

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_

Other Phone # ( ) \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Child's Age \_\_\_\_\_ Child's Gender: Male / Female

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Emergency Authorization:

I, \_\_\_\_\_,  
authorize Employees of Performance Athletics to make  
any medical treatment decisions for my child or child  
herein mentioned on this form, should I not be  
available or the staff at Performance Athletics is unable  
to reach me or the emergency contact.

Family Doctor \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Group \_\_\_\_\_