



TAG GYMNASTICS

SPRING BREAK CAMP



Mar 16 to Mar 27 2026

Girls & Boys age 4 to 15
(must be potty trained)

Half day AM PM Camps Arts & Crafts

Bring lunch, snacks, drinks, change of clothing & most important a water bottle

Full Day 9.00-4.30
Half Day AM 9.00-12.30
Half Day PM 1.00-4.30
Extended hours not available

Organized sports & games.
Daily Gymnastics Instruction.

CIRCLE PROGRAM WEEKS DAYS

Campers age 4 & 5 years old. MUST be potty trained

\$ 295	5 Full Days	\$ 250	4 Full days	\$ 190	3 Full days	\$ 75	1 Full day
\$ 175	5 Half days	\$ 150	4 Half days	\$ 115	3 Half days	\$ 45	1 Half days

Week 1 Mar 16 17 18 19 20

Week 2 Mar 23 24 25 26 27

DISCOUNTED MULTI DAY PRICE DAYS MUST BE CHOSEN IN THE SAME WEEK

Please Circle AM PM FULL DAY Fees Plus GST

Payment _____ Credit Card _____ Expiry _____



CHILD'S NAME _____ AGE _____ DOB _____ MALE / FEMALE

CHILD'S NAME _____ AGE _____ DOB _____ MALE / FEMALE

CHILD'S NAME _____ AGE _____ DOB _____ MALE / FEMALE

ADDRESS _____ CITY _____ POSTAL CODE _____

PARENT'S NAME _____ HOME PHONE _____

CELL PHONE _____ E-MAIL _____

PLEASE COMPLETE NEXT PAGE

Registration Fee \$ 15.00 if not registered with GBC

GBC current membership Yes _____ No _____

1110 - 819 Seaborne Ave Port Coquitlam

tagsports.ca tagsports@telus.net 604-468-0121



NO REFUNDS ONCE REGISTERED
Changes must be made 24 hours prior to the camp by e-mail. tagsports@telus.net
Credit will be given for the day missed.



Signature _____

PLEASE COMPLETE AND PRINT CLEARLY

PERSONS AUTHORIZED TO PICK-UP _____

PERSONS TO BE CONTACTED IN CASE OF EMERGENCY:

NAME _____ RELATION _____

HOME PHONE _____ CELL PHONE _____

NAME _____ RELATION _____

HOME PHONE _____ CELL PHONE _____

NAME _____ RELATION _____

HOME PHONE _____ CELL PHONE _____

CHILD'S PHYSICIAN _____ PHONE _____

EMERGENCY HOSPITAL PREFERENCE _____

MEDICAL CONDITIONS _____ ALLERGIES _____

SPECIAL INSTRUCTIONS _____

I hereby authorize the staff of TAG Gymnastics Camp to act for me according to their best judgment in any emergency requiring medical attention & hereby waive & release the camp staff and TAG Gymnastics from any and all liability for any injuries and illness incurred while at the camp. I understand that participation in gymnastics and various sports activities involves motion and as such carries with it the risk of injury. The camp is not responsible for personal items that are lost, stolen, or damaged. All medical expenses incurred will be the responsibility of the camper's family. In lieu of medical certificate signed by a medical doctor, I have no knowledge of any physical or mental impairment that would be affected by the named camper's participation in the camp program.

I also understand the Camp retains the right to use any photographs, videotapes, motion picture recordings, or any other record of this event for publicity, advertising, or any legitimate purpose.

SIGNATURE _____ DATE _____