



TAG GYMNASTICS

SUMMER DAY CAMP



2026 JUNE 29 to AUG 28

9 to 4.30 Full day

9.00 to 12.30 AM half day

1.00 to 4.30 pm PM half day

Extended hours not available

Children-ages 4 to 15 years

Daily Gymnastics Instruction

Arts & Crafts, organized sports & games

Bring lunch, snacks, drinks, refillable waterbottle & change of clothes

PLEASE E-MAIL THIS FORM TO

tagsports@telus.net

CIRCLE PROGRAM & WEEKS.

CAMPERS 4 & 5 YEARS OLD RESTRICTED TO HALF DAY UNLESS THEY ARE 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 Day

Circle choices ie: circle Week circle days circle am pm full days

Week 1 June 29 30 July 2 3 Week 2 July 6 7 8 9 10 Week 3 July 13 14 15 16 17
Week 4 July 20 21 22 23 24 Week 5 July 27 28 29 30 31 Week 6 Aug 4 5 6 7
Week 7 Aug 10 11 12 13 14 Week 8 Aug 17 18 19 20 21 Week 9 Aug 24 25 26 27 28
Week 10 Aug 31 Sept 1 2 3 4

Please Circle AM PM FULL DAY Fees Plus GST

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

Credit Card Must Be Included NO AMEX

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

My child is registered with GBC YES NO

1110 - 819 Seaborne Ave Port Coquitlam

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





PLEASE COMPLETE AND PRINT CLEARLY

**PARENTS MUST SIGN IN WHEN DROPPING OFF THEIR CHILD
AND SIGN OUT WHEN PICKING UP THEIR CHILD
PARENTS MUST ANSWER THEIR CELL PHONE WHEN CALLED**

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 _____