

SUMMER DAY CAMP SIGN-UP

*I would like to sign up
for the following:*

Half Day *or Full Day*

Please Circle one or more **Camp #'s**

1 2 3 4 5 6 7 8 9

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

Email: _____

Day Camp is from
8:00-5:30pm, Monday-Friday.

Activities will begin at 9:00am. With a
morning snack break, lunch and afternoon
snack break.

Please make your reservation with a \$60.00 non-
refundable deposit. Summer DAY Camp balance
is due prior to the first day attended or a \$10.00
late fee will be assessed. Thank you for your
understanding and support.

Pay for any four (4) Performance Athletics
camps and receive a 10% discount!
Call 547-1496 to reserve your spot.

Email: office@PerformanceAthleticsSLO.com

Web: www.PerformanceAthleticsSLO.com

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

San Luis Obispo, CA 93401

4484 Broad St.

ATHLETICS

Performance



**2011
Summer
Deluxe-DAY
Camps**

8:00am-5:30pm

Camp # 1 June 13-17

Camp # 2 June 20-24

Camp # 3 June 27-July 1st

Camp # 4 July 11-15

Camp # 5 July 18-22

Camp # 6 July 25-29

Camp # 7 Aug 1-5

Camp # 8 Aug 8-12

Camp # 9 Aug 15-19

**Have fun & stay strong all
Summer long!
This is a "Funtastic"
activity based camp!**



Performance
ATHLETICS

(805) 547-1GYM (1496)

CAMP Information

All levels can join in the fun!

Boys and Girls, Ages 3-12

Be active!

Be creative!

Gain confidence!

Try new things!

Make new friends!

Have Fun!

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

FULL DAY (8:00am-5:30pm)

All week, 5 days

Early \$200 / Regular \$225 first child

Early \$150 / Regular \$175 per sibling

1 day rate

Early \$50 / Regular \$60 first child

Early \$30 / Regular \$45 per sibling

HALF DAY (8:00am-12:30pm

or 12:30pm-5:30pm)

All week, 5 days

Early \$115 / Regular \$140 first child

Early \$85 / Regular \$110 per sibling

Half day ~ 1 day rate

Early \$30 / Regular \$45 first child

Early \$25 / Regular \$40 per sibling

No refunds.

***"Where every child
is a CHAMPION!"***

MORE Information

What to bring...

Water bottle

2 Healthy snacks

Healthy lunch

Our fantastic staff is made up of USAG safety certified, Professional and Instructor members.

The staff will be;

The current PA gym staff that your kids know and love!

We run background checks on our employees through USAG and NCSI.

Our staff is CPR and First Aid certified.

Activities to include, but not limited to;

Arts and crafts, Gymnastics, dance, sports acrobatics, cheerleading, trampoline, Hoola hoop dance, creative athletics, Monart creative art projects, Boot camp for kids, African dance.

Sports specific activities, Yoga, visits by special guest speakers such as local law enforcement, fire and safety personnel and Marine Wildlife speakers.

Outdoors activities (at PA) such as chalk art and nature art projects, Water balloons, snack time, lunch time, rest time and much, much more!

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 inherent 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 _____