

RECREATION SUMMER CAMPS

Full Day Camps: (\$225)

Monday-Friday

9:00am-4:00pm

Ages 6 and older

(Bring 2 snacks & Lunch)

Week 5 – Aug 3rd-6th (\$185)

Half Day Camps: (\$130)

Monday-Friday

9:00am-12:00pm

1:00pm-4:00pm

(Bring a snack)

Week 5 – August 3rd-6th (\$110)

Kindergym program for children aged 4-5.

Recreational programs for boys and girls 6-12.

Please Note: Kindergym Programs are Co-ed.

Recreational groups will be split into boys and girls groups depending on number of registrants.

Extended Service:

8:00am-9:00am (early drop off) \$5.00/day

4:00pm-5:00pm (late pick-up) \$5.00/day

Once a Week Recreational Program

Tuesday, Wednesday or Thursday Evenings

Program Runs July 5th-September 2nd 2010

Co-ed Kindergym 5 years

Girls/Boys Recreation 6+ years

Trampoline and Tumbling 7+ years

Kindergym 3-5 years

Parent & Tot 18 months to 3 years

1.5 Hours: 4:30-6:00pm, 6:00-7:30pm **\$190**

1 Hour: 4:30-5:30, 5:30-6:30, 6:30-7:30 **\$135**

*Classes will run depending on registration numbers

SUMMER CAMP POLICIES

- Please ensure all snacks and lunches are brought from home and are nut free. Food is NOT provided by the club.
- We highly recommend an extra set of clothes for campers 5 and under.
- Extended service does not include gymnastics.
- Please pick your child(ren) up on time or an extra \$15 fee will apply.
- Full day activities include swimming, an outing, outdoor games & other activities.
- These fees are included in the camp costs.
- Information sheet and consent forms will be given to full-day participants on the Monday of each week.
- All participants will receive a Club T-Shirt and a Participatory Ribbon.

REGISTRATION FORM

Gymnastics Ontario Membership Valid From July 1 st, 2010 to June 30th, 2011	
Ext. Service 8 am - 9 am <input type="checkbox"/> 4 pm - 5 pm <input type="checkbox"/>	
Program (code): AM <input type="checkbox"/> PM <input type="checkbox"/> F <input type="checkbox"/> T&T <input type="checkbox"/> Week (s) No _____ Class Time: _____	
Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> KG ___ PT ___ GR ___ T&T ___ Class Time: _____	
Name: _____ Age _____ Birthdate m/d/y _____ M <input type="checkbox"/> F <input type="checkbox"/>	
Mother/ Guardian _____ Father/ Guardian _____ (H) Phone _____	
Address _____ Postal Code _____	
Tel (Cell) Mom _____ (Cell) Dad _____	
(Work) Mom _____ (Work) Dad _____	
Medical Conditions/ Allergies _____ Special Needs _____	
Class Fee _____ + G.O Fee: \$20.00 + \$35.00 New Building Fund (One Time Charge Per Family) Total \$ _____	
Received by _____ In person _____ Phone _____	
Visa#/MC _____ CVD _____ Exp Date _____ Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/>	
Read & Sign other side of registration form	

**Receipt of Payment 2010
Summer Camp**

Name: _____ Class/Week _____
Time _____ Full Payment _____
Received _____ Start Date _____

Oakville Gymnastics Club
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