

# SEABREEZE GYMNASTICS CAMP

**Dates:**

**Week 1 - June 19-22**

**Week 2 - July 31st-August 3rd**

**Time:**

**11:00am - 2:00pm**

**Cost:**

**\$65** with current Boys & Girls Club Membership

**\$80** without current Boys & Girls Club Membership

**Eligibility:**

Grades 1-8 boys and girls

**Camp Description:**

As Camp Coaches we want to teach the fundamentals of gymnastics along with the importance of stretching and warming up as well as introduce them to the vault, uneven bars, balance beam, and floor exercise. All participants will receive a certificate on the final day of camp.

**Camp Director:**

All coaches are Safety Certified with USAG and have USAG Coaching Cards.

**Camper Must Provide:**

Gymnastics type clothes or athletic type clothing should be worn. No belts or ties on shorts or pants and no jewelry please. Hair must be up away from the child's face.

**Discipline:** Campers are expected to follow Boys & Girls Club rules as well as rules of Gymnastics Plus. Coaches may dismiss campers that violate the rules at any time. No refunds will be given for those sent home for disciplinary reasons.

**Cancellations:** A \$10 fee will be charged if cancelled prior to first day of camp and partial refunds will be made for medical reasons.

**Application and Payment:**

**Mail to:**

Boys & Girls Club of Southwestern Oregon  
Seabreeze Gymnastics Camp  
PO BOX 1082  
Coos Bay, OR. 97420

PLEASE BRING A WATER BOTTLE  
A HOT LUNCH IS PROVIDED OR BRING  
YOUR OWN.

## SeaBreeze Gymnastics Camp Registration Form

Week 1 \_\_\_ Week 2 \_\_\_

Hot Lunch: yes \_\_\_ no \_\_\_

Name: \_\_\_\_\_ Sex \_\_\_ Age \_\_\_ Birth date \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

School: \_\_\_\_\_ Grade (next year): \_\_\_\_\_

I am aware of the inherent risks involved from participating in this activity. In the event of accidental injury, I authorize Boys & Girls Club representatives to secure medical care for my child if I cannot be reached. I release Boys & Girls Club from any liability for injury resulting from participation. I know of no mental or physical problems, which may affect my child's ability to safely participate in this activity. I will be responsible for any medical or other charges in connection with my child's camp attendance. I agree to abide by all Boys & Girls Club rules and policies, and procedures and to respect the decisions of coaches, officials and directors made in the course of performing their duties. I assume full responsibility that the child I am registering does the same and acknowledge that failure to abide by all rules may result in the removal of my child from the activity.

Parent or Guardian Signature: \_\_\_\_\_

OFFICE USE ONLY Date Paid: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Boys & Girls Membership # \_\_\_\_\_  
Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card # \_\_\_\_\_



BOYS & GIRLS CLUB  
of Southwestern Oregon

1-8