

Specialty Camp 2009 Registration Form

Camper Information

Last Name: _____ First name _____ DOB: _____ Grade Attending September 09: _____

Address _____ City _____ State: _____ Zip: _____ Home Phone: _____

Mothers Name: _____ Work Phone _____ Cell Phone: _____

Father Name: _____ Work Phone _____ Cell Phone: _____

Please list below any additional people authorized to pick up your child

Name: _____ Relationship: _____ Phone _____

Name: _____ Relationship: _____ Phone _____

Name: _____ Relationship: _____ Phone _____

Please note: These are the only people to whom we will release your child without prior written authorization

email address: _____ . Email will be used for confirmation purposes and camp updates.

Please check requested camp weeks:

Specialty Camp		Full Week M-F
		1-4pm
1	June 22 to June 29 TBD	
2	June 29 to July 3 Green/Orange Girls Gymnastics	
3	July 6 to July 10 Red/Purple Gymnastics	
4	July 13 to July 17* Tumbling/Flipping	
4	July 13 to July 17* Boys Gymnastics	
5	July 20 to July 24 Tae Kwon Do	
6	July 27 to July 31 Green Orange Gymnastics	
7	August 3 to August 7 Red/Purple Gymnastics	
8	August 10 to August 14 Tae Kwon Do	
9	August 17 to August 21 Tumbling/ Flipping	
10	August 24 to August 28 Team Fliptastics	
*both camps are running the week of July 13 to 17		

• We do not provide refunds or credits for unused or cancelled camp days. Exceptions may be made in the case of illness, providing we receive at least twenty four (24) hours notice. A doctors note may be required. Illness related make up days are not guaranteed.

• The completed registration form must accompany a deposit of 50% per week The balance is due by June 12, 2009. Changes to the original registration must be made in writing and may result in the loss of the deposit for that week. Payment plans can be arranged. Please see office personel for more information.

• A completed camp medical must be on file before your child's first day of camp. Your child will not participate without it. Refunds will not be made for those missing camp due to lack of necessary paper work. Please make arrangements for this well in advance, as the medical must be signed by the child's physician. For those requiring epi-pen or inhalers please see our web site for specific polices pertaining to their use.

I have read and understand the above policies.

Parent Signature: _____ Date: _____

I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, swimming, tumbling, fitness, trampoline, cheerleading, dance, ball sports and martial arts. Being fully aware of these dangers, I voluntarily consent for my child/children to participate in all Action Kids Athletics LLC programs and accept all risks associated with that participation. Initial

In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby forever release and covenant not to sue Action Kids Athletics LLC, its officers, directors, share holders, employees, volunteers and all others associated with the corporation(s) from all liability for any and all damages and injuries suffered by my child or myself while under all instruction, supervision, or control of Action Kids Athletics LLC. Initial

I also understand that Action Kids Athletics LLC retains the rights to use any photographs, videotapes, motion picture recordings or any other record of events for publicity, advertising, or any legitimate purposes. Initial

In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold Action Kids Athletics LLC and it's representatives harmless in the execution of such.

I hereby agree to individually provide for all present and possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for Action Kids Athletics LLC. Initial

I have read and understand this acknowledgment of risk and waiver of liability and I voluntarily affix my name in agreement.

Parent Signature: _____ Date: _____