

Camp 2008 Registration Form

Please complete the section that pertains to your child. This form is two sided, signatures are required on both sides.

Summer Day Camp Ages 4+

Camper Information

Last Name: _____ First name _____ DOB: _____ Grade Attending September 08: _____

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

• Three day Summer Day Camp will be held Monday, Wednesday and Friday. Two day Summer Day Camp will be Tuesday and Thursday. **NO EXCEPTIONS**

• 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 16, 2008. Changes to the original registration must be made in writing and will result in the loss of the deposit for that week.

• 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.

• We make every possible effort to provide the daily swim lessons and free swim time, however if swimming must be cancelled due to unsafe conditions we do not provide make-up's.

• Please arrive on time for camp. Late arrivals are disruptive to the **WHOLE** camp. Late comers will not be admitted to swim class, if their group's session has started.

I have read and understand the above policies. Parent Signature: _____

Summer Day Camp		Full Week		Three Day		Two Day	
		Full day	Half Day	Full Day	Half Day	Full Day	Half Day
1	June 23 to 27 Pirates in Action						
2	June 30 to July 3 Rock & Roll	Four day	Four Day	Mon/Wed only	Mon/Wed Only		
3	July 7 to 11 Magical Kingdom						
4	July 14 to 18 Crafty Camper						
5	July 21 to 25 Cartoon Crazies						
6	July 28 to August 1 Spiritpalooza						
7	August 4 to 8 Junglemania						
8	August 11 to 15 White Mountain Express						
9	August 18 to 22 Missin to Mars						

Swim lesson: I want my child to participate in the swim lesson while at Day camp yes/no (please circle)

Youth Specialty Camp Ages 7+

Last Name: _____ First name _____ DOB: _____

Grade Attending September 08: _____ Home Phone: _____

Address _____ City _____ State: _____ Zip: _____

Mothers Name: _____ Work Phone _____ Cell Phone: _____

Fathers Name: _____ Work Phone _____ Cell Phone: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone _____

• Payment is due in full when booking.

• We do not provide refunds or credits for unused or cancelled camp days.

• A completed camp medical and camp registration form must be on file before your child participates in Specialty Camp. Your child will not to 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.

1	June 23 to 27 Boys Gymnastics	
2	June 30 to July 3 Tae Kwon Do	
3	July 7 to 11 Beginner Girls Gymnastics	
4	July 14 to 18 Intermediate/Advanced Girls Gymnastics	
5	July 21 to 25 Cheerleading	
6	July 28 to August 1 Beginner Girls Gymnastics	
7	August 4 to 8 Intermediate/Advanced Girls Gymnastics	
8	August 11 to 15 Cheerleading	
9	August 18 to 22 Girls Gymnastics (all levels)	

I have read and understand the above policies. Parent Signature: _____

Toddler Adventure Camp Ages 2 & 3

Camper Information

Last Name: _____ First name _____ DOB: _____ Home Phone: _____

Address _____ City _____ State: _____ Zip: _____

Mothers Name: _____ Work Phone _____ Cell Phone: _____

Father Name: _____ Work Phone _____ Cell Phone: _____

Payment is due in full when booking.

We do not provide refunds or credits for unused or cancelled camp days.

A completed camp medical and camp registration form must be on file before your child participates in Adventure 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.

June 25 Pirates in Action	
July 9 Magical Kingdom	
July 23 Cartoon Crazies	
August 6 Junglemania	
August 20 Mission To Mars	

I have read and understand the above policies. Parent Signature: _____

About My child

Please use this space to tell us about your child. Please include allergies, activity limitations, phobias/fears, motivators etc. _____

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, 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: _____