

Aim High Academy Summer Camp

June 10-August 23, 2019

REGISTRATION FORM

PARTICIPANT INFORMATION Please type or print legibly.

Last Name: _____ First Name: _____

Gender: Female Male D.O.B. _____ Age: _____ Entering Grade 2018-2019: _____

Home address: _____

City: _____ State: _____ Postal/Zip Code: _____

Telephone: _____ Cell: _____

Parent email: _____

Mother's name: _____ Father's name: _____

Mother's day phone: _____ Father's day phone: _____

Mother's cell: _____ Father's cell: _____

People authorized to pick up child (must be 18 yrs. or older):

Emergency contact*: _____ Phone: _____

Emergency contact*: _____ Phone: _____

Please list Allergies and/or Medical Needs: _____

Is your child on any medication? No Yes

If so, please specify: _____

*****only emergency medication will be dispersed at camp*****

******Medication and emergency Authorization Form must be completed******

Summer Day Camps Registering For:

	Half Day 9-12	Full Day 9-3	Ext Day AM	Ext Day PM	2 Day T/Th	3 Day M/W/F	5 Day
Week 1: 6/10-14							
Week 2: 6/17-21							
Week 3: 6/24-28							
Week 4: 7/8-12							
Week 5: 7/15-19							
Week 6: 7/22-26							
Week 7: 7/29-8/2							
Week 8: 8/5-9							
Week 9: 8/12-16							
Week 10: 8/19-23							
GTC 1: 7/15-19							
GTC 2: 8/12-16							
GTC Jr 1: 7/29-8/2							

****Please Fill Out Backside; Thank you****

Registration & Payment Policy

1. Complete registration form in full. All Registrations must be completed a minimum of 7 days prior to the week you are registering for.
2. Payments will be accepted as cash, check, visa, mastercard or discover. Families must keep credit card on file. Your balance will be withdrawn from your credit card on June 1st or if registered for multiple weeks and on an established payment plan, then 7 days prior to the first day of your child's camp week unless payment is made prior to this date.
3. There is a \$25 service charge for all returned checks or invalid credit cards.
4. Registration forms must be signed and on file with all payments paid before any child enters camp. There will be NO EXCEPTIONS to this rule.

EMERGENCY AUTHORIZATION:

In consideration of admittance, I _____ hereby authorize Aim High Academy, Inc. to arrange for medical examination and/or treatment of my child should an emergency arise at camp. It is understood that a conscientious effort will be made by Aim High Academy Inc. to contact me at the emergency numbers I have provided, before any medical action is taken. I would prefer to have my child, if the need arises, taken to _____ hospital*

**Choice of hospital may be limited by service of local rescue squad.*

Parent/Legal guardian name _____ Date _____

Parent/Legal guardian Signature _____ Date _____

Doctor _____ Phone number _____

Insurance carrier _____ Policy number _____

Parent Signature _____ **Date** _____

PARENT STATEMENT

ASSUMPTION OF RISK * WAIVER OF LIABILITY * PHOTO RELEASE * MEDICAL AUTHORIZATION

SPORTS PARTICIPATION CAN BE DANGEROUS. I recognize that participation in activities such as gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, ball sports, rock climbing, and outdoor play can result in severe injuries, permanent paralysis, brain damage, or even death.

ON BEHALF OF MYSELF AND MY CHILD(REN), I ACCEPT ALL SUCH RISKS AND PROMISE NOT TO SUE, AND FOREVER RELEASE, Aim High Academy, Inc., each of their respective officers, directors, shareholders, employees, contractors, invitees, licensees, and agents ("you") from all liability for damages or injuries incurred as a result of participation by my child(ren) or myself. This includes those injuries resulting from acts of negligence by you. I also waive all rights any third party may otherwise have to pursue claims against you on my behalf (including the right of subrogation). If, despite this agreement, I or any third party on my behalf makes a claim against you, I will defend, hold harmless and reimburse you for such claim and liabilities incurred as a result of such a claim.

In the event of an accident or emergency I AUTHORIZE MY CHILD(ren) TO BE TRANSPORTED TO A MEDICAL FACILITY FOR TREATMENT, at my cost, and will hold harmless in your management of such accident or emergency. I agree to provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury while on your premises or while under your care.

- I am aware that photos and videos are taken from time to time for marketing and instructional purposes and I hereby consent to their use by you.
- I hereby give permission to Aim High Academy, Inc. and its agents to transport my child(ren) for Summer Field Trips.
- I have read and understood this Assumption of Risk, Waiver of Liability, Medical Authorization, and Photo Release.
- **I understand that if my child is dismissed for behavior reasons, I will not be refunded tuition for any camp days or weeks that will be missed**

Parent Signature _____ **Date** _____