

Aim High Academy, Inc. Summer Camp Registration Form

Child's name: _____ DOB: ___/___/___ Age: _____

Parent/Guardian Name: _____ Phone: _____ Cell: _____ Work: _____

Parent/Guardian Name: _____ Phone: _____ Cell: _____ Work: _____

Address: _____ City: _____ State: ___ Zip: _____

Email: _____

	<u>Half Day</u> 9:00am-12:00pm	<u>Full Day</u> 9:00am-3:00pm	<u>Extended Day</u>
<u>Weeks :</u>			
June 12-16	M T W R F	M T W R F	AM/PM
June 19-23	M T W R F	M T W R F	AM/PM
June 26-June 30	M T W R F	M T W R F	AM/PM
July 10-14	M T W R F	M T W R F	AM/PM
July 17-21	M T W R F	M T W R F	AM/PM
July 24-28	M T W R F	M T W R F	AM/PM
July 31-Aug 4	M T W R F	M T W R F	AM/PM
Aug 7-11	M T W R F	M T W R F	AM/PM
Aug. 14-18	M T W R F	M T W R F	AM/PM
Aug. 21-25	M T W R F	M T W R F	AM/PM

Please note: There will be no pro-rating of days, no make-ups, and no credit given for missed days without medical note. At least 24 hours notice is necessary if your child will be missing a day.

Please list all adults who are authorized to pick up your child

1. _____

2. _____

3. _____

4. _____

Registration & Payment Policy

1. Complete registration form in full. We cannot register your child if the registration form is incomplete.
2. Payments will be accepted as cash, check, visa, master card. **Families must keep credit card on file. Your balance along with extended day fees will be withdrawn from your credit card on the first day of your child's camp week unless you pay prior to this date with cash or check.** All credit card information will be stored in a security coded program.
3. There is a \$25 service charge for all returned checks or invalid credit cards.
4. Registration form must be signed and on file with all payments paid before any child enters camp. There will be NO EXCEPTIONS to this rule.

Family Membership Fee \$5.00 (new members only) _____

Tuition + _____

Total _____

Less deposit due at signing _____

(\$50.00 non-refundable deposit per child per camp week)

and other discounts (10 % Multi Week or Child) - _____

Due date _____ **Balance due** _____

Balance will be automatically withdrawn from your credit card on file unless payment is paid prior to your due date with cash or check.

Thank-you!

Payment Method: Check # _____ M/C	_____ Visa	_____ Cash
Name on card _____	Exp. date _____	
Signature of Parent/Guardian _____.		

Please fill out back side; thank-you!

Aim High Academy, Inc.

Camp Medical Form

Relatives/Friends to contact in case of emergency (other than guardians)

Name _____ Relationship to child _____ Telephone # _____

Name _____ Relationship to child _____ Telephone # _____

Medical Information:

Medications (if any) _____

Allergies _____

(Additional consent will be required for epi-pens and Benadryl) (Demonstration may be required)

Other Medical Concerns _____

Has the applicant ever been excluded from physical education or been told to limit physical activity as a result of any medical problems or injury? Yes _____ No _____

If yes please explain and provide a physicians document of fitness permitting sports training.

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.

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 and Adventure Camp.

I have read and understood this Assumption of Risk, Waiver of Liability, Medical Authorization, and Photo Release.

Printed Name of Participant Minor _____ Date _____

Printed Name of Parent/Guardian _____

Signature of Parent/or Legal Guardian _____ Date _____

*Physician's Signature _____ Date _____

***(Only needed for pre-existing conditions)**