

Aim High Academy Summer Camp

June 14-August 27, 2021

REGISTRATION FORM

PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: _____ First Name: _____

Gender: ☐ Female ☐ Male D.O.B. _____ Age: _____ Entering Grade: _____ in the fall

Home address: _____

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

Parent email: _____ Telephone: _____

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

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

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

1. _____ 2. _____ 3. _____

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 Authorization Form must be completed****

Summer Day Camps Registering For:

	Full Day 9-3	Half Day 9-12 (3-5 yrs only)	Ext Day am (8-9am)	Ext Day pm (3-4pm)	2 Day T/Th (3-5 yrs only)	3 Day M/W/F (3-5 yrs only)	5 Day M-F (3-5 yrs only)
Week 1: 6/14-18							
Week 2: 6/21-25							
Week 3: 6/28-7/2							
Week 4: 7/12-16							
Week 5: 7/19-23							
Week 6: 7/26-30							
Week 7: 8/2-6							
Week 8: 8/9-13							
Week 9: 8/16-20							
Week 10: 8/23-27							
GTC 1: 7/12-16 (boys)							
GTC 2: 7/19-23							
GTC 3: 8/2-6							
GTC 4: 8/16-20							
Cosmic Kids Camp: 7/26-29 (9:30-11:30) Ages 5-11 years							
GTC Jr 1: 8/9-13 (9:30-11:30)							

Please Fill Out Backside; Thank you

Registration & Payment Policy

1. Complete registration form in full and pay a non-refundable \$50 deposit per week you are registering for. All Registrations must be completed a minimum of 7 days prior to the week you are registering for. There will be no refunds after June 1st without a medical note.
2. Payments will be accepted as cash, check, Visa, MasterCard or Discover. Families must keep credit card on file. Balances are due the beginning of each month that you are registered for camp (June 1, July 1, and August 1) a credit card must be left on file.
3. There is a \$25 service charge for all returned checks, invalid credit cards, or for changing schedules after June 1.
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 _____

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 have read and understood this Assumption of Risk, Waiver of Liability, Medical Authorization, and Photo Release.
- I understand that there will be no refunds without a medical note.
- I understand that there will be a \$25 fee if changing schedules after June 1
- **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** _____