



479-751-8844

Childs Name _____

First Day of Camp _____

Allergies _____

T-shirt Size: _____

2019 Summer Camp Registration Form

Parent Information

Mother's name: _____

Cell: _____

Father's name: _____

Cell: _____

Email: _____

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

Emergency Information/ Who may pick up my child

Emergency Contact: _____ Relation: _____ Phone Number: _____

Name: _____ Relation: _____ Phone Number: _____

Name: _____ Relation: _____ Phone Number: _____

Student Information

Childs Name: _____ Gender: Male/Female Age: _____

Date of Birth: ___/___/___ Class Day & Time: _____/_____ or N/A

ANY Allergies, Physical Limitations, or Social Concerns: _____

Registration Information

	<u>Dates</u>	June 3-7	July 8-12
<u>Morning Only</u> _____ M T W TH F _____		June 10-14	July 15-19
<u>Afternoon Only</u> _____ M T W TH F _____		June 17-21	July 22-26
<u>Full Day</u> _____ M T W TH F _____		June 24-28	July 29- Aug 2
<u>Lunch Club</u> _____ M T W TH F _____			

Payment (FOR OFFICE USE ONLY)

Discounts Applied: (Sibling) \$ _____ (4 for 3) \$ _____ Full Summer (\$1,500)

(Non-Refundable) Deposit \$100 Payment type _____ rec.# _____ Staff Initials/Date: _____/_____

Balance Due \$ _____

Paid in full \$ _____ credit card type _____ ck /cash rec.# _____ Staff Initials/Date: _____/_____

2019 Summer Camp

Rules & Policies

- **___ A \$100 Non-refundable deposit is due at the time of registering your child for camp. If registering for multiple weeks or kids a deposit must be made for each week per child.**
- **___ \$100 Non refundable deposit due for each camp. Camp balance will be due the Wednesday the week prior to your child attending camp.**
- **___ **Cancellation Policy- No refunds if you cancel your camp within 14 days of camp.**
- ___ The remaining balance is due the Wednesday the week prior to your child attending camp.
- ___ Returned checks are subject to a \$25 fee.
- ___ All participants may be dropped off no more than 15 minutes before official camp start time, and must be picked up in the final 30 minutes of camp time. **A fee will be charged to any family late for pick up. (\$5.00/5 minutes)**
- ___ The child must be checked in and out by a parent, or authorized person on form.
- ___ No credit or make-ups will be extended for any days missed.
- ___ A child who has been sick may not return until symptom free for 24 hours prior to attending camp.
- ___ Dress appropriately: No jeans, belts, zippers, buttons, big bows, or drawstrings. Long hair should be pulled back.
- ___ All Participants will need shoes for outdoor activities (weather permitting). Swim clothes will be needed every Friday for water day (weather permitting.)
- ___ Lunch Club participants will need to bring a sack lunch each day that they are participating.
- ___ Any toys/electronic devices need to be minimal and may only be used during lunch club. The gym bears no responsibility for any lost or stolen items.
- ___ Photo Release- I hereby give permission for Hopes & Dreams Gymnastics to take my photograph or a photograph of my child(ren) and use or publish the likeness for Hopes & Dreams Gymnastics purposes and I release Hopes & Dreams Gymnastics any claims for such use.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of participating in the Hopes & Dreams Gymnastics I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the activity.

I hereby release, discharge, and covenant not to sue Hopes & Dreams Gymnastics, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, "if applicable, owners and lessors of premises" on which the Activity takes place, {each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "RELEASEES", or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Parents Signature

____/____/____
Date