

**Aim High Academy, Inc.**  
**Adventure Camp Registration Form**

Child's name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Age: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work#: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency #: \_\_\_\_\_

**July 28-Aug 1, 2014**

**Adventure Camp**

**Full Day**  
**9am-3pm**  
**\$250**

**Please Note: There will be no prorating of days, no make-ups and no credit given.**

Membership/Insurance Fee \$5.00 (new members only*)	_____
Tuition	+ _____
Total	_____
Less deposit due at signing (\$50.00 non-refundable deposit per athlete) and other discounts (10 % Multi Week or Child)	- _____
<b>Balance due by June 1st</b>	_____

Payment Method: Check # \_\_\_\_\_ M/C Visa Cash

Name on card \_\_\_\_\_ Exp. date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_:

**Please fill out additional paperwork and return by June 1<sup>st</sup>**

# **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 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)**