

Aim High Academy School Vacation Camp Registration

| | | |
|---|----------------------------|----------------------------------|
| Family Name: _____ | Student Information | Home Phone () _____ |
| 1 st Child's Name: _____ | | D.O.B.: ___/___/___ |
| 2 nd Child's Name: _____ | | D.O.B.: ___/___/___ |
| Parent/Guardian 1: _____ | | |
| Place of Business _____ | Occupation _____ | Phone () _____ |
| Parent/Guardian 2: _____ | | |
| Place of business _____ | Occupation _____ | Phone () _____ |
| Address _____ | City _____ | State _____ Zip Code _____ |
| Parent/Guardian 1 Cell () _____ | | Parent/Guardian 2 Cell () _____ |
| Most Used Email Address: _____ | | |
| Emergency Contact's Name/Relation _____ | | Phone () _____ |
| Medical conditions or allergies to which we should be alerted _____ | | |

| Camp Information | | | | |
|--|------------|------------|----------|--------------------------|
| 1st Child | | | | |
| Monday | ½ Day 9-12 | ½ Day 12-3 | Full Day | Total # ½ days: _____ |
| Tuesday | ½ Day 9-12 | ½ Day 12-3 | Full Day | |
| Wednesday | ½ Day 9-12 | ½ Day 12-3 | Full Day | Total # Full days: _____ |
| Thursday | ½ Day 9-12 | ½ Day 12-3 | Full Day | |
| Friday | ½ Day 9-12 | ½ Day 12-3 | Full Day | Total Cost: _____ |
| **Please circle the days/times your child is attending** | | | | |
| 2nd Child | | | | |
| Monday | ½ Day 9-12 | ½ Day 12-3 | Full Day | Total # ½ days: _____ |
| Tuesday | ½ Day 9-12 | ½ Day 12-3 | Full Day | |
| Wednesday | ½ Day 9-12 | ½ Day 12-3 | Full Day | Total # Full days: _____ |
| Thursday | ½ Day 9-12 | ½ Day 12-3 | Full Day | |
| Friday | ½ Day 9-12 | ½ Day 12-3 | Full Day | Total Cost: _____ |
| **Please circle the days/times your child is attending** | | | | |
| | | | | Total: _____ |

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.

PARENT/LEGAL GUARDIAN'S Signature _____ Date _____

PARENT/LEGAL GUARDIAN'S Printed Name _____