

# Aim High Academy, Inc.

## Summer Camp Registration Form

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

Parent/Guardian1 Name: \_\_\_\_\_ Parent/Guardian2 Name: \_\_\_\_\_

Telephone1 #: \_\_\_\_\_ Cell1 #: \_\_\_\_\_ Work1 #: \_\_\_\_\_

Telephone2 #: \_\_\_\_\_ Cell2 #: \_\_\_\_\_ Work2 #: \_\_\_\_\_

Email1: \_\_\_\_\_ Email2: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

		<u>Half Day</u> 9am-12pm	<u>Half Day</u> 12:00pm-3:00pm	<u>Full Day</u> 9am-3pm
<u>Weeks :</u>	<u>Theme:</u>			
Wk 1 July 9-13	Jungle Safari	M T W R F	M T W R F	M T W R F
Wk 2 July 16-20	Out of This World	M T W R F	M T W R F	M T W R F
Wk 3 July 23-27	Adventures at Sea	M T W R F	M T W R F	M T W R F
Wk 4 July 30-Aug 3	Once Upon a Time	M T W R F	M T W R F	M T W R F
Wk 5 Aug. 6-10	Wacky Sports & Spirit Wk	M T W R F	M T W R F	M T W R F
Wk 6 Aug. 13-17	Magical Mysteries	M T W R F	M T W R F	M T W R F
Wk 7 Aug. 20-24	Back in Time	M T W R F	M T W R F	M T W R F

**Please note: There will be no pro-rating of days, no make-ups, and no credit given for missed days without notice. 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 the child stated above:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**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 Your balance will be withdrawn from your credit card on the first day of your child's camp week unless you pay prior to this date with cash or check.** All credit card information will be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.
5. All extended day fees will be charged to your credit card on file on the Friday of each week.

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Balance will be automatically withdrawn from your credit card on file unless payment is paid prior to your due date with cash or check.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