Aim High Academy School Vacation Camp Registration

Family Name: _____ **Student Information** Home Phone ( )_____

1st Child's Name: _____ D.O.B.:___/___/___

2nd 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_____