



Camp Registration Form

Non-refundable payment must be included to reserve a space



Email _____ (Required for Confirmation)

Child's Name (First & Last) _____ DOB _____ Age _____ M / F

Parent's Name (First & Last) _____ Daytime phone # _____

Address _____ City & Zip _____

Emergency Contact (Non parent) _____ Phone: _____

Any Health/Allergies/Medical conditions we should be aware of: _____

How did you hear about our camp? _____

CAMP DATES & PRICING

Camp Selection	Member (10% Discount)	Non-member	Sibling discount	Multiple Week Discount	(Circle One)
Weekly Single Camps M-F (Friday FREE) (9:00-12:00 or 12:30-3:30)	\$162	\$180	20% off	10% off	SPRING
Weekly Full Camps M-F (Friday FREE) (9:00-3:30 includes ½ hour Extended Care FREE)	\$307.80	\$342	20% off	10% off	SUMMER Sign up by May 15 th and get \$20 off your weekly fee
Single Camp Choose your day & time	\$45	\$50	20% off		
Camp Saver Card (10 single camps + 1 FREE)	\$427.50	\$475	20% off		
Extended Care (8:00-9:00, 12:00-12:30, 3:30-4:30)	\$6 per ½ hour	\$6 per ½ hour			WINTER

Camp Dates	Type of Camp	Times	Extended Care	Fee
	<input type="checkbox"/> Gymnastics <input type="checkbox"/> Sports-Acro <input type="checkbox"/> Cheer	<input type="checkbox"/> 9:00-12:00 <input type="checkbox"/> 12:30-3:30		
	<input type="checkbox"/> Gymnastics <input type="checkbox"/> Sports-Acro <input type="checkbox"/> Cheer	<input type="checkbox"/> 9:00-12:00 <input type="checkbox"/> 12:30-3:30		
	<input type="checkbox"/> Gymnastics <input type="checkbox"/> Sports-Acro <input type="checkbox"/> Cheer	<input type="checkbox"/> 9:00-12:00 <input type="checkbox"/> 12:30-3:30		
	<input type="checkbox"/> Gymnastics <input type="checkbox"/> Sports-Acro <input type="checkbox"/> Cheer	<input type="checkbox"/> 9:00-12:00 <input type="checkbox"/> 12:30-3:30		
	<input type="checkbox"/> Gymnastics <input type="checkbox"/> Sports-Acro <input type="checkbox"/> Cheer	<input type="checkbox"/> 9:00-12:00 <input type="checkbox"/> 12:30-3:30		
Multiple Camp Discount – 10% off 2 nd and additional weekly camps			Sub-total	
NOTE: Camp may be cancelled due to low enrollment. Full refund if camp cancelled by Champions Academy.			Additional Discounts/Coupons	--
			Total Due	

FOR OFFICE USE ONLY

Completed by: _____
(CAUSA Staff)

Today's Date: _____

Amount Paid: _____

Payment Type: Credit card Cash Check # _____ Other _____

2009 CHAMPIONS ACADEMY CAMP RELEASE & CONSENT FORM

The undersigned student and parent or legal guardian of the student (hereinafter referred to collectively and individually as "the Student") of CAUSA Camps, (hereinafter referred to collectively and individually as "CAUSA Camps") by signing this Agreement, expressly acknowledges that this Agreement contains a release which may operate to shift risk and liability from CAUSA Camps, to the Student. The Student expressly accepts the responsibilities and duties resulting from such provisions. The Student further acknowledges that some of the activities regularly conducted at CAUSA Camps involve, as do any gymnastics activity, a risk of injury including but not limited to injury resulting in paralysis or even death. The individual(s) signing this Agreement have read, understand and expressly agree to the terms contained in this Agreement.

I/we the undersigned Student and/or parent or legal guardian of the student of CAUSA Camps, for and in consideration of enrollment in CAUSA Camps, hereby voluntarily and knowingly execute this release with the express intention of releasing CAUSA Camps, its officers, agents, employees or servants from any and all claims, actions, demands or rights to monetary judgment whatsoever arising from any and all injury or physical harm which may occur to the Student, including specifically those that may arise out of, or be occasioned by, directly or indirectly, any negligent act(s) or omission(s) of CAUSA Camps during the Student's attendance at and participation in any activity associated with CAUSA Camps both on and off the CAUSA Camps premises. I further agree to indemnify, save harmless and defend CAUSA Camps and its respective officers, agents, employees, representative and volunteers from and against all death, injuries, damages, whether incurred by judgment or settlement, including legal expense and attorney's fees, of whatever nature occurring during, by reason of, or arising out of my son's participation in CAUSA Camps, and I shall assume the defense and/ or settlement of any claim, suit action brought against CAUSA Camps and its respective officers, agents, employees, representative or volunteers to recover any such damages. In addition to any gymnastics related activity, this release is intended to and does extend to any injury or damage resulting from transportation between airports, housing, gym, recreation and other activities provided by CAUSA Camps.

MEDICAL CONSENT

I, the student and undersigned parent or legal guardian of the Student do hereby expressly grant to the staff of CAUSA Camps in the case of emergency, the authority to obtain medical assistance and treatment as they deem necessary. I give my express permission and consent for a licensed doctor or physician to administer the necessary aid to the Student should he become injured or sick while in attendance at or while participating in any activity associated with CAUSA Camps for Boys and to do so without having to wait until a parent, a legal guardian or other relative is contacted. I fully release CAUSA Camps for Boys and its officers, directors, agents, employees and servants from any claims, actions, demands or damages resulting from the decision to seek or the administration of medical assistance and I understand that neither CAUSA Camps for Boys, its officers, agents, employees nor servants shall be responsible for any medical expenses incurred on behalf of the Student, and that I am responsible for all payment of medical expenses so incurred. I have read, understand, and expressly agree to the above statements. By signing the execution hereof I do further bind myself, my child or legal ward and all heirs, executors, administrators, successors or assigns of the same.

RELEASE OF LIABILITY, ASSUMPTION OF RISK, HOLD HARMLESS, AGREEMENT TO INDEMNIFY AND NOT TO SUE FOR MINORS PARTICIPATING IN THE CHAMPIONS ACADEMY PROGRAMS

I hereby give my consent for the below named minor to participate in the Champions Academy Programs ("CAUSA Programs"). Individually, and as parent or legal guardian of the minor ("I"), I understand that the minor's participation in the CAUSA Programs involves potential personal and property risks. Injuries may be serious or minor, including but not limited to: head or neck injuries, loss of sight, broken bones, brain damage, paralysis, and death. I hereby certify that I know the minor's state of health and well-being and that the minor is physically fit to participate and has/will have health insurance while participating in the CAUSA Programs. I expressly understand and agree that the minor agrees to abide by all policies, rules and regulations of the CAUSA Programs. I expressly assume any and all risks of injury and/or death associated with, arising out of or related to the minor's participation in the CAUSA Programs. I expressly understand that the CAUSA Programs assumes no responsibility for the minors' negligence or willful misconduct, or that of others.

Recognizing and understanding the potential risks of injury, I agree not to sue and to defend, indemnify and hold harmless Board of Directors of Champions Academy, their officers, trustees, faculty, agents, representatives, volunteers, students, and employees ("Champions Academy") for any loss, damage or injury associated with, arising out of or related to the minor's participation in the CAUSA Programs regardless of cause, including negligence. I hereby release and discharge Champions Academy, who through negligence or carelessness, might otherwise be liable to me, the minor, our heirs, personal representatives, relatives or assigns from all liability associated with, arising out of, or related to the minor's participation in the CAUSA Programs including all liabilities associated with and any and all claims that may be filed on behalf of or for the named minor. I agree that this release of liability, assumption of risk, hold harmless, agreement to indemnify and not to sue is to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion of it is held invalid it is agreed that the balance shall continue in full force and effect. I understand that by signing this release of liability, assumption of risk, hold harmless, agreement to indemnify and not to sue, is legally binding on me, the minor, our heirs, personal representatives, relatives and assigns and that I am giving up both my and the minor's legal rights and remedies which otherwise would be available to me and/or the minor, our heirs, personal representatives, relatives or assigns against Champions Academy.

I have carefully read this release of liability, assumption of risk, hold harmless, and agreement to indemnify and not to sue and fully understand it. I have explained the significance of this release of liability, assumption of risk, agreement to indemnify and not to sue to the minor.

I am of legal age and voluntarily sign this release of liability, assumption of risk, Hold harmless, agreement to indemnify and not to sue.

Signature of Parent or Legal Guardian Date

Today's Date

Print Camper Name

Print Parent or Legal Guardian Name

Relationship to student