



# Champions Academy Spring Camp Registration Form

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

Address \_\_\_\_\_ City & Zip \_\_\_\_\_

Parent's Name (First & Last) \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Emergency Contact (Non parent) \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about our camp? \_\_\_\_\_

### Camp Selection (See camp flyer for detailed information)

#### CAMP FEES

#### Option A (Full Session)

GYMNASTICS CAMP (April 13-17. See below for time)

- \$190.00 (Member) OR
- \$200.00 (Non-member)

FLIP CAMP (April 14-16. 2-4pm)

- \$95.00 (Member) OR
- \$100.00 (Non-member)

**Selection Amount**

\$ \_\_\_\_\_

#### Option B Customized Daily Rate GYMNASTICS CAMP ONLY (Circle Days)

Mon (9am-1pm)	Tue (9am-1pm)	Wed (9am-1pm)	Thu (9am-1pm)	Fri (9am-3pm)	OR _____
Arts & Crafts Day	Game Day	Sports Day	Karaoke Day	Super Slide Day	
\$47.50 (Member) / \$50.00 (Non-member)				\$71.25 (M) / \$75.00 (NM)	

#### EXTENDED BEFORE OR AFTER-CAMP CARE (Earliest drop off: 8 AM, Latest pick up: 5 PM-Indicate Time Below)

\$3.00 per 1/2hr at the time of registration OR \$6.00 per 1/2hr on the day of camp | FREE 4/14-4/16 if you sign up both camps

Monday 4/13	Tuesday 4/14	Wednesday 4/15	Thursday 4/16	Friday 4/17	+ _____
<input type="checkbox"/> Before camp:	<input type="checkbox"/> Before camp:	<input type="checkbox"/> Before camp:	<input type="checkbox"/> Before camp:	<input type="checkbox"/> Before camp:	
<input type="checkbox"/> After camp:	<input type="checkbox"/> After camp:	<input type="checkbox"/> After camp:	<input type="checkbox"/> After camp:	<input type="checkbox"/> After camp:	

#### DISCOUNTS:

Early Bird Discount (Register by March 15)

\$15 Off

Sibling Discount (2<sup>nd</sup>, 3<sup>rd</sup> and additional child)

\$5 Off

Note: Full payment due at the time of registration. Non-refundable after March 15, 2009

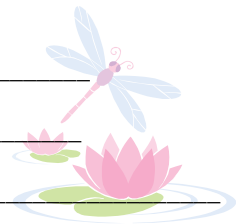
Total Due: \$ \_\_\_\_\_

### Medical Consent and Release of Liability

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

HMO: \_\_\_\_\_ Medical #: \_\_\_\_\_

Are there any allergies, medical conditions or special needs we should be aware of? \_\_\_\_\_



I authorize Champions Academy (CAUSA) or its designated agent to consent to any medical treatment and/or hospital care, which is given to the child, listed on this form, under the supervision of a duly licensed physician or trained medical personnel. Also, unless otherwise stated, I agree to allow CAUSA to participate in all youth activities and for photographs including the above named minor to be used for marketing purposes. I also grant permission to my child to ride in any CAUSA transportation that is provided by CAUSA.

I understand that my child will be participating in a gymnastics related activity at Champions Academy. I understand that as with all physical activities, there is a chance for injury. I therefore hold CAUSA, it's employees and its officers harmless should any injury occur.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\*

#### Payment

- Cash
- Check (Payable to: Champions Academy)
- Credit Card
- AutoPay

Amount paid \$ \_\_\_\_\_