



# 2011 SUMMER 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: \_\_\_\_\_

Have you attended a CAUSA camp before?  YES  NO How did you hear about our camp? \_\_\_\_\_

### Select Camp Week(s) to Attend:

| CAMP Weeks                           | Full Day Camp<br>\$275               | Half Day Camp<br>\$175  | Extended Care<br>\$7 per hour   | Amount |
|--------------------------------------|--------------------------------------|---|---|--------|
| <input type="checkbox"/> July 5-8    | <input type="checkbox"/> 9:30-3:30pm | <input type="checkbox"/> 9:30-12:30pm <input type="checkbox"/> 12:30-3:30pm | <input type="checkbox"/> 8:30-9:30am <input type="checkbox"/> 3:30-5:30pm |        |
| <input type="checkbox"/> July 11-15  | <input type="checkbox"/> 9:30-3:30pm | <input type="checkbox"/> 9:30-12:30pm <input type="checkbox"/> 12:30-3:30pm | <input type="checkbox"/> 8:30-9:30am <input type="checkbox"/> 3:30-5:30pm |        |
| <input type="checkbox"/> July 18-22  | <input type="checkbox"/> 9:30-3:30pm | <input type="checkbox"/> 9:30-12:30pm <input type="checkbox"/> 12:30-3:30pm | <input type="checkbox"/> 8:30-9:30am <input type="checkbox"/> 3:30-5:30pm |        |
| <input type="checkbox"/> July 25-29  | <input type="checkbox"/> 9:30-3:30pm | <input type="checkbox"/> 9:30-12:30pm <input type="checkbox"/> 12:30-3:30pm | <input type="checkbox"/> 8:30-9:30am <input type="checkbox"/> 3:30-5:30pm |        |
| <input type="checkbox"/> August 1-5  | <input type="checkbox"/> 9:30-3:30pm | <input type="checkbox"/> 9:30-12:30pm <input type="checkbox"/> 12:30-3:30pm | <input type="checkbox"/> 8:30-9:30am <input type="checkbox"/> 3:30-5:30pm |        |
| <input type="checkbox"/> August 8-12 | <input type="checkbox"/> 9:30-3:30pm | <input type="checkbox"/> 9:30-12:30pm <input type="checkbox"/> 12:30-3:30pm | <input type="checkbox"/> 8:30-9:30am <input type="checkbox"/> 3:30-5:30pm |        |

### DISCOUNTS

- Early Bird Discount (register for weekly camp by May 30<sup>th</sup>) \$25 Off Weekly Camp Fee
- Club Members (for all current members) 10% Off Camp Fee
- Sibling Discount (discount given to 2<sup>nd</sup> and 3<sup>rd</sup> child) 20% Off Camp Fee

**Subtotal:** \$

### CAMP EXTRA BOOST ADD-ON OPTIONS

| Gold Medal Tumbling  | Gymnastics Fitness  |  |  |  |
|--|---|--|--|--|
| <input type="checkbox"/> July 20 <sup>th</sup> & 22 <sup>nd</sup><br><input type="checkbox"/> Aug. 9 <sup>th</sup> & 11 <sup>th</sup><br>10:30-12:30pm<br>\$80 | <input type="checkbox"/> August 2 <sup>nd</sup><br><input type="checkbox"/> August 4 <sup>th</sup><br>10:00-11:30am<br>\$30 |  |  |  |

**PAYMENT & REFUND POLICY: FULL PAYMENT DUE AT THE TIME OF REGISTRATION. NO REFUND UP TO 2 WEEKS BEFORE THE REGISTERED CAMP.**

**Check Payable to CAUSA  
Total Due: \$**

### Medical Consent and Release of Liability (MUST BE SIGNED BEFORE PARTICIPATION)

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 and videos including the above named minor to be used for marketing purposes, and understand I will not be receiving any compensation now or in the future. 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. The undersigned, in consideration of participation in activities offered at CAUSA, agrees to indemnify and hold harmless CAUSA and its employees and its officers from and against any and all liability for any accidental injury or property damage which may be suffered by the above named individual arising out of or in any way connected with participation in their programs.

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

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

\_\_\_\_\_  
Date

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

AMOUNT PAID \$ \_\_\_\_\_ DATE \_\_\_\_\_

PAYMENT METHOD  CASH  CHECK# \_\_\_\_\_

CREDIT CARD-AUTH# \_\_\_\_\_