

Registration Form: Summer Day Camp - 2010

Day Camps at New Hope Academy of Gymnastics, 17270 Newhope Street, Fountain Valley, CA 92708 Tel: (714) 556-8050

Personal Information – One Form For Each Camper

Child's Name First: _____ Last: _____

DOB: _____ Age: _____ School: _____

Address: _____ City/Zip: _____

Parent's Name First: _____ Last: _____

Phone Home: _____ Work: _____

Cell: _____ E-mail: _____

Emergency Contact (Non parent) _____ Phone: _____

Medical Consent and Release of Liability

I the undersigned parent/legal guardian of the above mentioned minor, hereby authorize the New Hope Academy of Gymnastics staff/volunteers into whose care the minor has been entrusted, to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis of treatment and hospital to be rendered to said minor under the general or special supervision and upon the advice of a physician and a surgeon licensed under the provisions of the Medical Practices Act, or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis of treatment and hospital care to be rendered to said minor by a dentist under the provisions of the Dental Practices Act.

I hereby give my permission for my son/daughter to participate in New Hope Academy of Gymnastics Kid Summer Day Camp(s). I agree to comply with all the rules of safety established by New Hope Academy of Gymnastics, to use the facilities at my own risk, and acknowledge that New Hope Academy of Gymnastics assumes no responsibility for injury to anyone. I hold harmless New Hope Academy of Gymnastics, the management, and instructors, from all liability for any injury sustained during participation in the Camp(s).

Also, unless otherwise stated, I agree to allow New Hope Academy of Gymnastics to participate in all youth activities and for photographs including the above named minor to be used for marketing purposes.

Physician/Hospital: _____ Phone: _____

Med. Insurance Co.: _____ Medical #: _____

Are there any allergies, medical conditions/history or special needs we should be aware of? _____

Does your child have any medical or physical limitation? (Please circle) YES / NO If yes, please explain _____

Is your child currently taking any prescribed medication? _____

My child is a: SWIMMER or NON-SWIMMER (Circle One)

Note: Non-Swimmers will only be allowed in the wading pool.

Parent/Guardian's signature: _____ Date: _____

Please select the week(s) or day(s) or half day(s) below:

Week	Camp Dates	Days Attending Camp – CIRCLE ALL THAT APPLY (\$195 full week / \$50 per day / \$30 per ½ day / \$20full-\$25day SpecEvnt cost) Extended Care \$5 per session each day					Cost
		MON	TUES	WED	THURS	FRI	
1	July 5- 9 <i>LOST</i>	FULL or am / pm Ext Care-am	FULL or am / pm Ext Care-am	FULL or am / pm Ext Care-am	FULL or am / pm Ext Care-am	FULL or am / pm Ext Care-am	
2	July 12 – 16 <i>Can You Dance?</i>	FULL or am / pm Ext Care-am	FULL or am / pm Ext Care-am	FULL or am / pm Ext Care-am	FULL or am / pm Ext Care-am	FULL or am / pm Ext Care-am	
3	July 19 - 23 <i>Up In The Air</i>	FULL or am / pm Ext Care-am	FULL or am / pm Ext Care-am	FULL or am / pm Ext Care-am	FULL or am / pm Ext Care-am	FULL or am / pm Ext Care-am	
4	Aug 2 - 6 <i>Going Green</i>	FULL or am / pm Ext Care-am	FULL or am / pm Ext Care-am	FULL or am / pm Ext Care-am	FULL or am / pm Ext Care-am	FULL or am / pm Ext Care-am	
5	Aug 9 - 13 <i>Water World</i>	FULL or am / pm Ext Care-am	FULL or am / pm Ext Care-am	FULL or am / pm Ext Care-am	FULL or am / pm Ext Care-am	FULL or am / pm Ext Care-am	
6	Aug 16 – 20 <i>Amazing Race</i>	FULL or am / pm Ext Care-am	FULL or am / pm Ext Care-am	FULL or am / pm Ext Care-am	FULL or am / pm Ext Care-am	FULL or am / pm Ext Care-am	
	SHIRT SIZE Required for Trip	AM / AS / YL YM / YS / YXS	AM / AS / YL YM / YS / YXS	AM / AS / YL YM / YS / YXS	AM / AS / YL YM / YS / YXS	AM / AS / YL YM / YS / YXS	

Total Amount Due for Summer: \$ _____

- Regular Daily Hours 9:00 am - 3:30 pm
- All all-day campers must have a lunch
- Camp t-shirt required for attendance
- Ext Care--Morning: 8:00-9:00 am; (AfterNoon classes on per class basis)
- Four year olds may sign up for one ½-day session per day.
- No Walk-ups or ½ day campers on field trip days (camp shirt mandatory)

Camp Discount

- T-Shirt cost included with full-week signup; extra shirts can be purchased for \$15. Shirt cost deducted from add'l weeks.
- Sign up for 3 or more full weeks and receive a \$15 discount off your weekly camp fee (excluding first 2 weeks)
- Receive a \$15 discount on each additional child when enrolling two or more campers for the same camp weeks

AMOUNT OF PAYMENT: \$ _____ Check One: Cash; receipt# _____ Check # _____
 OR Charge My: VISA Master Card Discover

Card #: _____ Expiration Date: _____

Cardholder's Name: _____ Signature: _____

Registration Deposit (Office Use Only)

Deposit: \$25.00 per week	\$25 X _____ # weeks camp	\$ _____
Ext. Care	\$5 X _____ # days AM	\$ _____
Ext. Care	\$5 X _____ # days PM	\$ _____
		TOTAL DEPOSIT \$ _____
Amt Pd \$ _____	Ck #/CC _____	Date Charged _____
Cash _____	Emp. Initials _____	