

No Bummer Summer 2010 Camp Registration Form

Student's Name _____ Sex _____ Age _____ /____/____ Home Phone: _____
D.O.B.

Street _____ City _____ State _____ Zip Code _____ Emergency: _____

Are there any medical conditions or allergies we should be aware of? _____

Medical Insurance Co: _____ Policy Number: _____

Mom's Name: _____ Work Phone: _____ Cell Phone: _____

Dad's Name: _____ Work Phone: _____ Cell Phone: _____

Please list any siblings, grandparents, or others who may visit KIDS CO-OP: _____

How did you hear about KIDS CO-OP Developmental Center? _____

If you child were to appear in a group or individual photo taken by a KIDS CO-OP representative, would you allow photo to be used for advertising purposes (brochure, newspaper, internet, etc.)? Yes No

Emergency Contact Name: _____ **Number:** _____

New Discounted CAMP COST INFORMATION

All Day - Full Wk: Mon – Fri 9:00am – 4:00pm Cost: Non-Member \$175.00 - Members \$145.00

*PV wk ___ 1wk ___ 2 wk ___ 3wk ___ 4wk ___ 5wk ___ 6wk ___ 7wk ___ 8wk ___ 9wk ___ 10wk ___

All Day – Pick Day/s: Mon ___ Tues ___ Weds ___ Thu ___ Fri ___ Time: 9:00-4:00pm (lunch 12:00 – 1:00pm)

Cost per Day: Non Member \$55.00 - Members \$40.00

*PV wk ___ 1wk ___ 2wk ___ 3 wk ___ 4 wk ___ 5wk ___ 6wk ___ 7wk ___ 8 wk ___ 9 wk ___ 10wk ___

½ Day – Full Wk: Non-Members \$90.00 - Members \$75.00

Morning Session: Mon – Fri _____ Afternoon Session: Mon – Fri _____

Time: 9:00-12:00pm Time: 1:00-4:00pm

*PV wk ___ 1wk ___ 2wk ___ 3 wk ___ 4 wk ___ 5wk ___ 6wk ___ 7wk ___ 8 wk ___ 9 wk ___ 10wk ___

½ Day – Pick Day/s: Non-Member \$30.00 - Members \$25.00

****½ Day–Pick Day/s: Morning Session: Mon ___ Tues ___ Weds ___ Thu ___ Fri ___ Time: 9:00-12:00pm**

****Afternoon Session: Mon ___ Tues ___ Weds ___ Thu ___ Fri ___ Time: 1:00-4:00pm**

*PV wk ___ 1wk ___ 2wk ___ 3 wk ___ 4 wk ___ 5wk ___ 6wk ___ 7wk ___ 8 wk ___ 9 wk ___ 10wk ___

Extended Care Costs: \$5.00 per session 7:30 – 9:00am or 4:00 – 6:00pm - \$10.00 per day \$35.00 full wk (1 and/or 2 Sessions)

Yes, I will need extended care: Session 1 (7:30am – 9:00am) ___ Session 2 - (4:00pm – 6:00pm) ___ please check what applies

*PV wk: Gives you a taste of all 10 wks of camp – Every morning and afternoon session a different theme!

****If picking just one day a week you may not pick from Wednesdays or Fridays.**

Multiple Week Discounts: All Week - Full Day Camp: 6wks \$825.00 - 8wks \$1,050.00 - 10wks \$1,275.00 membership fee required

Sibling Discount: 10% on 2nd child 15% on 3rd and more children

\$50.00 (nonrefundable and nontransferable) deposit for each week of camp per child is due upon registration. The balance in full for each week of camp is due by Monday, 2 weeks prior to child/dren's participating week/s of camp. If not paid in full your child/ren's spots will be forfeited.

Design your child/ren's Fitness Activities at camp, circle what you want them to do or just let us mix them up!

Gymnastics	Tumble	Pit Play	Fit N Fun	Dance	Mix them Up
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All Full Day –Full Week camps include above plus theme Crafts, Snacks, Team-Building Games, Outside Water Activities, T.G.I.F. end of the Week Event and *Field Trips. *There is no additional charge but rules and age requirements do apply.

PAYMENT INFORMATION

Annual Individual Membership Fee.....\$35.00per Family

Tuition (50% non refundable deposit due with registration) \$ _____

Total Enclosed \$ _____

Payment Method: Check (chk # ___) Card No. _____ Exp. Date: ___/___/___ 3 Dig. Sec. Code ___

Initialed Refund Policy and Signed Waiver Form must be handed in before attending camp!

You will receive a post card with confirmed weeks and amounts due for camp.

ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

KIDS CO-OP Developmental Center recognizes our obligation to make our students and their parents aware of the risks and hazards associated with sports and/or activities involving heights and motion, including but not limited to gymnastics, tumbling, trampoline, dance, cheerleading, and day camps. As legal guardian of _____, I recognize that potentially severe injuries, including permanent paralysis or death can occur. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any and all KIDS CO-OP Developmental Center, Stardust Studios programs, camps and activities and I ACCEPT ALL RISKS associated with that participation. In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE KIDS CO-OP Developmental Center including without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents. KIDS CO-OP Developmental Center, its coaches, and or any staff members will not accept responsibility for injuries sustained by any and or all siblings of students and or all other persons observing or participating during the course of a class or open gym. In the event of an accident or emergency I would like my above mentioned child to be taken to a hospital for medical treatment and I hold KIDS CO-OP Developmental Center and its representatives harmless in their execution of this action. Additionally, I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child's protection and my own protection. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for KIDS CO-OP Developmental Center or StarDust Studios.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

Parent or Legal Guardian's Signature

Date

If mailing PLEASE don't forget to tape me and enclose payment when returning!

CAMP CHECKLIST

- Wear Comfortable Clothes and Sneakers for Team-Building Activities**
- Please make sure all belongings are properly marked**
- Leo (with no skirt) is required for all girl's Gymnastic classes**
- T-Shirt and Shorts (tighter fit) are required for all boy's Gymnastic classes**
- T-Shirt and Shorts are required for Fit N Fun, Pit Play & Tumble classes**
- No Jeans, No jewelry and Hair must be pulled back to participate in classes**
- Bathing Suit, Towel, Sunscreen for Water Activities**
- All Day Campers Bring Lunches – Please make clearly child's name and if it needs to be Refrigerated or Micro-waved.**
- Monday is Pizza Lunch Day – Children may purchase a lunch of:
Pizza, Fruit or Jell-O and Drink \$3.50**
- Please make sure we are aware of any/all allergies!**
- Permission Slips must be completed and handed in prior to all Field Trips.**
- Complete registration form, sign and send along with 50% non-refundable deposit, (you may change camp weeks us to June 1st) to reserve your child's spot in our NO BUMMER SUMMER Theme Day CAMP!**
- Most importantly make sure your child brings a SMILE to camp! If by chance you forget don't worry, we will do our best to help find then one here at camp!**

We would like to take this time to Thank-You for making your child's summer a NO BUMMER SUMMER here at KIDS CO-OP!