



Registration Form

Please complete entirely to ensure processing, please print legibly.

CAMPER INFORMATION:

Name: _____ DOB: _____

Gender: Male Female
 Last First

Name: _____ DOB: _____

Gender: Male Female
 Last First

Address:

Street: _____ City: _____ State: _____ Zip: _____

How did you hear about SAGA's "Holly Day" Camp? _____

PARENT INFORMATION:

Full Name:	Email Address:	Would you like to receive information via email? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell #:	Employer/Occupation:	Position:
Full Name:	Email Address:	Would you like to receive information via email? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell #:	Employer/Occupation:	Position:
Emergency Contact (other than yourself):	Relationship	Phone/Cell #

Select Entire Week(s):

- Week 1 December 19th-23rd
 Week 2 December 26th-30th

Select Individual Day(s):

- Day 1 Monday, December 19th
 Day 2 Tuesday, December 20th
 Day 3 Wednesday, December 21st
 Day 4 Thursday, December 22nd
 Day 5 Friday, December 23rd
 Day 6 Monday, December 26th
 Day 7 Tuesday, December 27th
 Day 8 Wednesday, December 28th
 Day 9 Thursday, December 29th
 Day 10 Friday, December 30th

Pick Up Authorization:

Please list any individual (beyond those listed above) who will be picking up your child for the duration of this camp. Please note your child will not be release to anyone that is not authorized.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

We require having a credit card on file for all registered campers. *

The card on file is a (Visa/MasterCard)

Last 4 numbers of card: _____

Expiration Date: _____ / _____

Name on Card: _____

PERMISSION TO PARTICIPATE AND WAIVER:

I, _____, as parent/guardian, grant permission and consent for my child, _____ to participate in activities at Sandia Acrobatic Gymnastics Academy and "Holly Day" Camp.

I understand, am fully aware of, and recognize the inherent risks, including the possibility of catastrophic injury, as well as other damages and losses associated with participation in the sport of gymnastics and assume the risk on behalf of my child and myself. I hereby give permission for any and all medical attention to be administered at my child in the event of accident, injury, sickness, etc. until such time as I may be contacted. I also assume the responsibility for the payment of any treatment. I further agree that Sandia Acrobatic Gymnastics Academy, along with the employees, officers and directors of this organization shall not be liable for any losses or damages occurring as a result of participation in its gymnastics program, including transportation and activities off the premises of Sandia Acrobatic Gymnastics Academy that occur in connection with SAGA's Holly Day Camp.

Participant's/Parent's Signature _____

Date _____

Medical Release

Please circle the correct answer.

No Yes Is your child allergic to any foods? Please list: _____

No Yes Is your child allergic to any insect bites/stings? Please list: _____

No Yes Is your child allergic to any trees, plants, or animals? Please list: _____

Does your child have a history of medical conditions (asthma, epilepsy, diabetes, etc.)? Please list:

Insurance Company: _____

Policy Number: _____

Policies and Procedures

Please read and initial each item.

Payments

Full payment for camp is due upon registration. Once you have registered and paid, payment is non-refundable. _____

Hours and Personal Items

Scheduled activities will be from 8:30am-5:30pm. Please note you can drop your child off after 8:30am and pick them up before 5:30pm if you choose. We strongly urge to leave any valuable toy or game (such as game boys, etc.) at home. **Any items brought to the camp are brought at your own risk. We are not responsible for any lost, stolen, or damaged items or clothing.** _____

Absences

Please notify the SAGA office if your child will be missing a day of camp. No makeup days will be given for missed camp sessions, and charges will not be prorated under any circumstances. _____

Clothing

Clothing should be comfortable and easy to move around in. Jeans or skirts are not permitted. Any materials, such as buttons, wires, zippers, belt loops, pockets, etc., that can scratch or catch on equipment or coaches should be avoided. _____

Photo Release

From time to time, the school takes pictures for promotional and training us. By initialing the parent hereby grants a release to the school to use any picture in which they appear for any legal or promotional purpose, without any compensation due the student. _____

Children with incomplete or missing applications, medical forms, or payments prior to their camp-week will not be permitted to attend camp until all information and payments are complete.

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