



REGISTRATION FORM

Please complete entirely to ensure processing, please print legibly.

CAMPER INFORMATION:

Name:

Last: _____ First: _____ Middle Initial: _____ Date of Birth: _____
 Gender: Male ☐ Female ☐ _____ T-shirt Size of your child

Address:

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

How did you hear about SAGA's Summer-Sault Day Camp? _____

PARENT INFORMATION:

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

Select Desired Week(s):

Week 1 May 30th - June 2nd

Week 2 June 5th - 9th

Week 3 June 12th - 16th

Week 4 June 19th - 23rd

Week 5 June 26th - 30th

NO CAMP FOR JULY 3rd - 7th

Week 6 July 10th - 14th

Week 7 July 17th - 21st

Week 8 July 24th - 28th

Week 9 July 31st - August 4th

Week 10 August 7th - 11th

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 released to anyone that is not authorized.

1. Name _____ Relationship: _____

2. Name _____ Relationship: _____

We required a credit card on file for all registered campers. Please show the card to office personnel.

Please circle one: Visa/ MasterCard/ Discover

Last 4 numbers on card: _____ Expiration: _____

Name on Card: _____

PERMISSION TO PARTICIPATE AND WAIVER

☐ Participants of Minority Age → I, _____, as parent/guardian, grant permission and consent for my child _____ to participate in activities at Sandia Acrobatic Gymnastics Academy and Summer-Sault 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 risks 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 vent 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 Summer-Sault Day Camp Program.

Medical Release

No Yes Is your child allergic to any foods? Please List: _____
THIS IS A PEANUT FREE ENVIRONMENT – PLEASE DO NOT SEND YOUR CHILD WITH ANY FOODS THAT CONTAIN PEANUTS

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: _____

Health Insurance Company: _____ Policy Number: _____

Policies and Procedures ***Please Read and initial each item.***

Payments

Payment must be made in full on the day of registration. If registering for 4 weeks or more, a \$500 payment is required up front and the remainder must be paid off by May 22nd. No refunds after May 22nd. After May 22nd, a full payment must be collected the day of registration, regardless of number of weeks. _____

Hours & Extended Care

Scheduled activities will be from 9:00am-4:30pm. There are activities in which we will leave the gym at 9:00am, please arrive on time. Please note if you drop your child off after 9:00am on the day of a scheduled field trip they may miss out on the activity. You may pick up your child before 4:30pm if you choose. On the days we go swimming; the last van arrives at 4:15pm. Extended care is also available before camp from 7:30-9:00am and after camp from 4:30-6:00pm at an additional cost of \$7.50 per child/per day. **Extended care fees will be charged to the card on file at the end of each camp week.** _____

Absences, Cancellations and Refunds

Please notify the SAGA office if your child will be missing a day of camp. No make-up days are available for missed camp sessions, and fees will not be prorated or refunded for cancellations or missed days. _____

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.

Personal Items

We strongly urge children to leave any valuable toy or game (such as Nintendo DS, iPad, iPods, 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. _____

Photo Release

From time to time, the school takes picture for promotional and training purposes. By initialing, the parent hereby grants a release to the school to use any picture in which the child appears for any legal or promotional use, without any compensation due to 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.