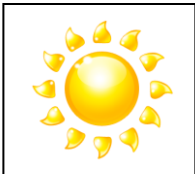




# JAG Summer Camp 2010 Registration Form



## STUDENT INFORMATION

Student's Name \_\_\_\_\_ Female Male Home Ph \_\_\_\_\_  
 Student's Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent's Name \_\_\_\_\_ Cell Ph \_\_\_\_\_ Work Ph \_\_\_\_\_  
 Parent's Name \_\_\_\_\_ Cell Ph \_\_\_\_\_ Work Ph \_\_\_\_\_  
 E-mail \_\_\_\_\_ **(MANY OF OUR CAMP NOTICES ARE SENT VIA EMAIL!)**

Who is authorized to pick up child from JAG? (Please give name and relationship to child) \_\_\_\_\_  
 \_\_\_\_\_  
 Student's Birthdate: \_\_\_\_\_ Grade in September 2010 \_\_\_\_\_ School \_\_\_\_\_  
 Does your child have any physical/social/emotional issues or allergies? \_\_\_\_\_  
 Please explain: \_\_\_\_\_  
 How did you hear about JAG? \_\_\_\_\_  
 Is there any child with whom your child wishes to be grouped? \_\_\_\_\_

## ENROLLMENT DATES

Please indicate the dates that your child will attend:

June 7 8 9 10 11	Once Upon a Time	Full Day/Half Day	Lunch June 7 8 9 10 11
June 14 15 16 17 18	Cirque de JAG	Full Day/Half Day	Lunch June 14 15 16 17 18
June 21 22 23 24 25	Silly, Sillier Silliest Week	Full Day/Half Day	Lunch June 21 22 23 24 25
June 28 29 30 July 1 2	All American Adventures	Full day/Half Day	Lunch June 28 29 30 July 1 2
July 5 6 7 8 9	X Games	Full Day/Half Day	Lunch July 5 6 7 8 9
July 12 13 14 15 16	Animal Planet	Full Day/Half Day	Lunch July 12 13 14 15 16
July 19 20 21 22 23	It's a Party in Here	Full Day/Half Day	Lunch July 19 20 21 22 23
July 26 27 28 29 30	Cartoon-a-paluzza	Full Day/Half Day	Lunch July 26 27 28 29 30
August 2 3 4 5 6	Magical Mystery Week	Full Day/Half Day	Lunch August 2 3 4 5 6
August 9 10 11 12 13	Arts Explosion! Week	Full Day/Half Day	Lunch August 9 10 11 12 13
August 16 17 18 19 20	Goin' Green	Full Day/Half Day	Lunch August 16 17 18 29 20
August 23 24 25 26 27	Welcome to the Jungle	Full Day/Half Day	Lunch August 23 24 25 26 27
August 30 31 Sept 1 2 3	These Were the Days	Full Day/Half Day	Lunch August 31 30 Sept 1 2 3

**ABSENCES, WITHDRAWLS AND MAKEUPS:**

**No refunds will be granted for absences or withdrawals. There are no refunds, no credits and no makeups for missed days—please check your schedule carefully before committing to JAG.**

**TUITION**

Full Day Daily Rate: \$92	Half Day Daily Rate: \$72
Full Day Weekly Rate: \$425	Half Day Weekly Rate: \$335
Full Day is 9:00 to 3:00.	Half Day is 9:00 to 1:00

Early Care 8:00-9:00 \$15/day      Late Care 3:00-5:30 \$35/day  
 \*Early and late care MUST be scheduled in advance\*

\*\*Children should bring a lunch and a snack. As an alternative, pizza can be purchased for lunch for \$8.00. Snacks are also available for purchase.

## PAYMENT SCHEDULE

A \$150 per week non-refundable deposit is required at the time of registration. The balance of your tuition is due June 4, 2010 at noon. Any balance after that time will be charged to the credit card on file. (All students who register after June 4, 2010 at noon must pay the entire tuition at the time of registration.) **Please note that no refunds will be granted on camp tuition for absences or withdrawals. There are no refunds, no credits and no makeups for missed days—please check your schedule carefully before committing to JAG.** There is a \$50 fee for each change made to the original application.

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## PAYMENT METHOD

\_\_\_\_\_ visa \_\_\_\_\_ mastercard \_\_\_\_\_ check \_\_\_\_\_ cash

You must leave a credit card on file when you are registering for JAG Camp. Your credit card will be charged for any early drop off, late pick up, and any other fees that are not paid.

Name (as it appears on the card): Print \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

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## Release of Liability

In consideration of allowing the previously-declared participant to begin participation in the Josephson Academy of Gymnastics activities, while on the premises and property of said JAG, the undersigned, being the legal and acting guardian of participant, acting for themselves and on behalf of the participant, release and hold harmless the Josephson Academy of Gymnastics, a California Corporation, its owners, officers, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which the Josephson Academy of Gymnastics is conducted, or any premises under the control and supervision of JAG, its owners, officers, employees, or agents or in route to or from any of said premises, or while at any premises or place when activities sponsored by or participated in by JAG., its owners, officers, agents, or employees. JAG reserves the right to use any video or photographic material for any legal purpose.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Assumption of Risk And Medical Emergency

Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant choose to voluntarily enter upon said premises under the control of said corporation, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant and/or the undersigned or any property owner by them while on or upon said premises described above.

The corporation may but shall not be obliged to carry insurance on the participant, and the existence of insurance shall not change, alter, or increase the liability of the corporation to the participant and the undersigned or affect the terms of this Release.

In signing this Release, the undersigned acknowledges:

- a) That he/she has read thoroughly and understands completely, the terms of Registration and Release and signs it voluntarily.
- b) That the undersigned signing as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant.

The undersigned gives permission of the Josephson Academy of Gymnastics, owners, officers, or employees to seek medical treatment for the participant in the event they are not able to reach the parent or guardian. I hereby declare any physical/mental problems, restrictions, or conditions and/or declare the participant to be in good physical and mental health.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Financial Responsibility

I understand that camp fees are non-refundable. **I agree to a \$1.00 per minute charge if I am late returning for my child at the end of the day.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Send application with payment to:

The Josephson Academy of Gymnastics • 8640 Hayden Place • Culver City, CA 90232 or FAX to: (310) 287-9821

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