

REGISTRATION FORM/PERSONAL INFORMATION – ONE FORM PER CHILD

Email address (required): _____

Child's Name _____ M/F ___ DOB ___/___/___ Home Ph. _____

School _____ Grade (Fall '10) ___ T-shirt Size _____ CXS CS CM CL AS

Address _____ City _____ State _____ Zip _____

Mother's Name _____ Cell Ph. _____ Work Ph. _____

Father's Name _____ Cell Ph. _____ Work Ph. _____

Emergency Contact Person _____ Ph. _____

Any Medical, Emotional or Physical Concerns? _____

Camp Dates: (please check all weeks your child will be attending)

Week 1 – June 7 - 12 Week 2 – June 28 – July 2 Week 3 – July 12 – 16 Week 4 – July 26 – 30

Half Day (ages 3-5) Full Day (Grades K-6)

Camp Pricing: (please mark the price(s) that apply according to the registration deadlines)

Early Bird Pricing (deadline is April 30th, 2010 – no exceptions)
 \$275 full day \$175 half day

Regular Pricing (beginning May 1st, 2010)
 \$315 full day \$200 half day



After Camp Care (Full day campers only):

Please check here if your child will participate in the After Camp Care (ACC) program. This program runs from 3:30pm to 5:00pm each day. The price for the ACC program is an additional \$10 per day for the whole week of camp per child. Please add the appropriate amount to your camp total. **ACC is NOT available on Fridays.**

Week 1:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday
Week 2:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday
Week 3:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday
Week 4:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday

Discounts for Multiple Weeks/Siblings: The discounts listed below are PER CHILD. The more weeks you sign up for, the less each week will cost. Siblings are discounted 10% if they are signed up for the same week and apply to the 2nd, 3rd, etc child in your family. Please fill out a separate registration form for each child and turn all family registrations in at the same time.

FULL DAY	<input type="checkbox"/> \$30 off 2 nd week of camp	<input type="checkbox"/> \$60 off 3 rd week of camp	<input type="checkbox"/> \$90 off 4 th week of camp
HALF DAY	<input type="checkbox"/> \$15 off 2 nd week of camp	<input type="checkbox"/> \$30 off 3 rd week of camp	<input type="checkbox"/> \$45 off 4 th week of camp

Payment/Deposits: A deposit of **\$75 PER CAMP WEEK** is required at the time of registration and must be turned in with this form. Deposits are fully refundable **prior to May 1, 2009**. Beginning May 1st, deposits are non-refundable and non-transferrable. Tuition balance for each camp is due at check-in on the first day of camp. You will receive camp confirmation, general schedules and information via mail or email during the month of May. Registrations will be accepted on a first come-first serve basis up to one week prior to camp start date at the prices listed above. After that time, if there is space available, a \$25 LATE registration fee will apply. To ensure the safety of your information, please call the front desk or pay in person if you are using a credit card.

Payment Method:

Cash Check Credit Card Please bill my credit card on file (sign) _____

Office Use Only:		Balance Due \$ _____
Total Camp Price \$ _____	Discounts \$ _____	Deposit Paid \$ _____

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY
AGREEMENT**

As the parent or guardian of the minor(s) listed on this registration form, I fully understand that gymnastics and cheerleading involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by their own actions or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of the minor's participation in any activities at Xtreme Altitude Gymnastics, Inc.. I believe the minor to be physically able and qualified to participate in the activity listed on this registration form.

I hereby release, discharge, covenant not to sue Xtreme Altitude Gymnastics, Inc., and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, the minor or anyone on the minor's behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____ Date _____