



Registration Form

Please complete entirely & legibly to ensure processing.

CAMPER INFORMATION:

NAME: _____ PHONE #: _____
Last First Middle

ADDRESS: _____
Street City State Zip

Gender: Male Female DOB _____ How did you hear about SAGA's Winter Holly-Day Camp?

PARENT INFORMATION:

FULL NAME		EMAIL ADDRESS	Would you like to receive information via email?
Home #	Cell #	Employer/ Occupation	Position
FULL NAME		EMAIL ADDRESS	Would you like to receive information via email?
Home #	Cell #	Employer/ Occupation	Position
Emergency Contact (other than		Relationship	Phone / Cell #

Select Desired Day(s):

- Monday, Dec. 21st
- Tuesday, Dec. 22nd
- Wednesday, Dec. 23rd
- Monday, Dec. 28th
- Tuesday, Dec. 29th
- Wednesday, Dec. 30th

Pick Up Authorization

Please list any individual (beyond those listed above) who may pick up your child from camp. Please note your child will not be released to anyone that is not authorized.

- 1. Name _____ Relationship _____
- 2. Name _____ Relationship _____

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 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 Summer-Sault Day Camp Program.

Medical Release

Is your child allergic to any foods? Please list: _____

Is your child allergic to any insect bites/stings? Please list: _____

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 give details:

Insurance Company: _____ Policy Number: _____

Policies and Procedures

Please read and initial each

- **Payments**

A \$20 deposit per day of camp is required when you register your child for camp. **This deposit is non refundable and non transferable for any reason.** Payment is due for the remainder of your balance by your first day of camp. Should you need to cancel your reservation please inform the office at least one week prior to the start day, otherwise you will be billed for the entire day. A late fee of \$25 will be charged for all payments received after the first day of camp. _____

- **Hours, Extended Care and Personal Items**

Scheduled activities will be from 9am-4:30pm. Please note you can drop your child off after 9am and pick them up before 4:30pm if you choose. Extended care is also available before camp from 7:30- 9:00am and after camp from 4:30-6:00pm. Children are permitted to bring inexpensive toys to camp for use during extended care hours only. We strongly urge children 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. SAGA is 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 make up days will be given for missed camp sessions also the charges will not be prorated under any circumstances _____

- **Clothing**

Clothing should be comfortable and not contain buttons, wire, belt loops, zippers ect. that may catch or scratch equipment or coaches. Jeans and skirts are not permitted. _____

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.

Please complete entirely to ensure processing, please print