



Registration Form

Please complete entirely to ensure processing, please print legibly.

CAMPER INFORMATION:

NAME: _____ Birth date: _____
Last First Middle

ADDRESS: _____
Street City State Zip

Gender: Male Female _____ T-Shirt Size of your child

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
Home #	Cell #	Employer/ Occupation	Position
FULL NAME		EMAIL ADDRESS	Would you like to receive information via email? <input type="checkbox"/> YES <input type="checkbox"/> NO
Home #	Cell #	Employer/ Occupation	Position
Emergency Contact (other than yourself)		Relationship	Phone / Cell #

Select Desired Week(s): (Day campers only):

- ★ Week 1 June 1st - June 4th (M/T/ W/Th/F)
(No Camp on Memorial Day)
- ★ Week 2 June 7th - June 11th (M/T/ W/Th/F)
- ★ Week 3 June 14th - June 18th (M/T/ W/Th/F)
- ★ Week 4 June 21st - June 25th (M/T/ W/Th/F)
- ★ Week 5 June 28th - July 2nd (M/T/ W/Th/F)
NO CAMP FOR JULY 4th - JULY 11th
- ★ Week 6 July 12th - July 16th (M/T/ W/Th/F)
- ★ Week 7 July 19th - July 23rd (M/T/ W/Th/F)
- ★ Week 8 July 26th - July 30th (M/T/ W/Th/F)
- ★ Week 9 August 2nd - August 6th (M/T/ W/Th/F)
- ★ Week 10 August 9th - August 13th (M/T/ W/Th/F)

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 _____

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.

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**

A \$50 deposit per week of camp or a \$20 a day deposit is required when you register your child. **This deposit is non refundable and non transferable for any reason.** The remainder payment is due on the first day of your camp session. Should you need to cancel a day of camp please inform the office at least one week prior to the start day, otherwise you will be billed for the entire day/week. 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 9:00am-4:30pm. Please note you can drop your child off after 9:00am 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. 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. 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 make up 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. _____

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.