



Family Last Name: _____ **Home Phone:** (____) _____

CAMPERS: List all campers within same family attending daycamp

1. **First Name:** _____ **Last Name:** _____

2. **First Name:** _____ **Last Name:** _____

3. **First Name:** _____ **Last Name:** _____

FAMILY INFORMATION:

PARENTS: MOTHER: _____ FATHER: _____

HOME ADDRESS: _____ **CITY:** _____ **STATE/ZIP:** _____

MOTHER'S OCCUPATION: _____ **WORK PHONE:** (____) _____ **CELL PHONE:** (____) _____

FATHER'S OCCUPATION: _____ **WORK PHONE:** (____) _____ **CELL PHONE:** (____) _____

BILLING INFORMATION: PERSON RESPONSIBLE FOR PAYMENT: _____ **RELATIONSHIP:** _____

BILLING ADDRESS: _____ **CITY:** _____ **STATE/ZIP:** _____
(IF DIFFERENT FROM ABOVE)

EMAIL ADDRESS (FOR BILLING INFO): _____@_____

I AUTHORIZE DAYCAMP FEES TO BE PUT ON MY CREDIT CARD ON FILE: YES NO (IF YES, COMPLETE THE CREDIT CARD AUTHORIZATION FORM)

CAMPERS WILL NOT BE ALLOWED TO PARTICIPATE IF TUITION IS NOT CURRENT.

EMERGENCY CONTACT INFORMATION:

NAME: _____ **PHONE:** (____) _____ **CELL PHONE:** (____) _____ **RELATIONSHIP:** _____

NAME: _____ **PHONE:** (____) _____ **CELL PHONE:** (____) _____ **RELATIONSHIP:** _____

IMPORTANT: GAGE CENTER/BUMP CITY DAYCAMP CANNOT BE RESPONSIBLE IF YOU DO NOT SIGN THE CAMPER IN AND OUT. SIGNING YOUR CHILD IN AND OUT OF DAYCAMP IS VERY IMPORTANT. THE CHILD IS NOT ALLOWED TO SIGN THEMSELVES IN OR OUT. ONLY THE PARENT OR AUTHORIZED PERSON IS PERMITTED TO SIGN IN AND SIGN OUT. IF AN AUTHORIZED PERSON IS PICKING UP YOUR CHILD PLEASE NOTE THIS ON THE SIGN IN FORM AND NOTIFY THE ATTENDING DAYCAMP STAFF WHEN YOU SIGN IN. IF A PERSON IS PICKING UP THAT IS NOT ON THE AUTHORIZED PERSONS LIST WE WILL NOT RELEASE THE CHILD WITHOUT AUTHORIZATION FROM THE PARENT AND PERSONAL IDENTIFICATION (DRIVERS LICENSE) FROM THE PERSON PICKING UP. _____ (PLEASE INITIAL YOU HAVE READ & UNDERSTAND THIS PROCEDURE)

ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

AS LEGAL GUARDIAN OF _____, I RECOGNIZE THAT POTENTIALLY SEVERE INJURIES, INCLUDING BUT NOT LIMITED TO PERMANENT PARALYSIS OR DEATH CAN OCCUR IN SPORTS OR ACTIVITIES INVOLVING HEIGHT OR MOTION, INCLUDING BUT NOT LIMITED TO GYMNASTICS, MARTIAL ARTS, DANCE, TUMBLING, TRAMPOLINE, BALL SPORTS, ROCK CLIMBING, AND SWIMMING. IN ADDITION, SWIMMING OR ANY ACTIVITY IN OR AROUND WATER CAN RESULT IN DROWNING. BEING FULLY AWARE OF THESE DANGERS, I VOLUNTARILY CONSENT TO THE AFOREMENTIONED PERSON(S) PARTICIPATING IN ALL GAGE CENTER PROGRAMS AND ACCEPT ALL RISKS ASSOCIATED WITH THAT PARTICIPATION.

IN CONSIDERATION FOR ALLOWING MY CHILD TO USE THE GAGE CENTER FACILITIES, I, ON MY OWN BEHALF AND THE BEHALF OF MY CHILD AND OUR RESPECTIVE HEIRS, ADMINISTRATORS, EXECUTORS AND SUCCESSORS, HEREBY FOREVER RELEASE AND COVENANT NOT TO SUE GAGE CENTER, LLC, ITS OFFICERS, DIRECTORS, SHARE HOLDERS, EMPLOYEES, VOLUNTEERS, AND ALL OTHERS ASSOCIATED WITH THE SUPERVISION, OR CONTROL OF GAGE CENTER, LLC WHETHER CAUSED BY NEGLIGENCE OF GAGE CENTER, LLC THE PARTIES RELEASED HEREIN, OR OTHERWISE.

IN THE EVENT OF AN EMERGENCY REQUIRING MEDICAL ATTENTION I HEREBY AUTHORIZE THE STAFF OF GAGE CENTER, LLC ACT FOR ME ACCORDING TO THEIR BEST JUDGEMENT, TO PROVIDE CUSTOMARY MEDICAL/ATHLETIC ATTENTIONS, TRANSPORTATION AND EMERGENCY MEDICAL SERVICES AS WARRANTY IN THE COURSE OF MY CHILD'S PARTICIPATION AT GAGE. I HOLD GAGE CENTER, LLC AND ITS REPRESENTATIVES HARMLESS IN THEIR EXECUTION OF THIS ACTION. I WILL MAINTAIN AND UPHOLD UP-TO-DATE PRIMARY MEDICAL HEALTH INSURANCE DURING THE ENTIRE CAMP ENROLLMENT AT GAGE CENTER, LLC. ALL MEDICAL EXPENSES INCURRED WILL BE THE RESPONSIBILITY OF THE CAMPER'S PARENTS/GUARDIAN. ADDITIONALLY, I HEREBY AGREE TO INDIVIDUALLY PROVIDE FOR ALL POSSIBLE FUTURE MEDICAL EXPENSES WHICH MAY BE INCURRED BY MY CHILD AS A RESULT OF ANY INJURY SUSTAINED WHILE PARTICIPATING AT OR FOR GAGE CENTER, LLC. IN LIEU OF MEDICAL CERTIFICATE SIGNED BY A MEDICAL DOCTOR, I HAVE NO KNOWLEDGE OF ANY PHYSICAL OR MENTAL IMPAIRMENT THAT WOULD BE AFFECTED BY THE NAMED CAMPER'S PARTICIPATION IN THE CAMP PROGRAM

I HAVE READ AND UNDERSTAND THIS ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY AND I VOLUNTARILY AFFIX MY NAME IN AGREEMENT.

PARENT OR LEGAL GUARDIAN'S SIGNATURE DATE

PLEASE READ AND INITIAL THE FOLLOWING:

I UNDERSTAND AND AGREE:

THE CAMP IS NOT RESPONSIBLE FOR PERSONAL ITEMS THAT ARE LOST, STOLEN OR DAMAGED. _____

THE CAMP RETAINS THE RIGHT TO USE ANY PHOTOGRAPHS, VIDEOTAPES, MOTION PICTURE RECORDINGS, OR ANY OTHER RECORD OF THIS EVENT FOR PUBLICITY, ADVERTISING OR ANY LEGITIMATE PURPOSE. _____

I HAVE READ AND UNDERSTAND THE BUMP CITY DAYCAMP POLICIES & PROCEDURES. _____



BUMP CITY 2011 DAYCAMP SCHEDULE (* WEEKLY TUITION WILL BE PRORATED DUE TO THE HOLIDAY)

CIRCLE ALL ITEMS THAT APPLY.	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8	WEEK 9	WEEK 10	WEEK 11	WEEK 12
	MAY 31- JUNE 3* (4 DAY WK)	JUNE 6 - JUNE 10	JUNE 13 - JUNE 17	JUNE 20 - JUNE 24	JUNE 27- JULY 1	JULY 5 - JULY 8* (4 DAY WK)	JULY 11 - JULY 15	JULY 18 - JULY 22	JULY 25 - JULY 29	AUG 1 - AUG 5	AUG 8 - AUG 13	AUG 15 - AUG 19
FULL-TIME	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL
HALF-DAY	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
EXT. CARE	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

PART TIME - PLEASE INDICATE DAYS TO BE ATTENDED, FULL OR HALF DAY & EXTENDED CARE NEEDS

MON.	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL
HALF-DAY	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
EXT. CARE	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TUES.	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL
HALF-DAY	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
EXT. CARE	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
WED.	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL
HALF-DAY	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
EXT. CARE	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
THURS.	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL
HALF-DAY	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
EXT. CARE	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
FRI.	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL
HALF-DAY	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
EXT. CARE	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

DEPOSIT / PAYMENT INFORMATION

Annual Registration fee* & One week deposit required to hold space. Deposit will be applied to last week of Daycamp attendance.

* See Daycamp Policies & Procedures for details

DEPOSIT PAYMENT DETAIL: (OFFICE USE ONLY)

AMOUNT REMITTED: \$ _____ DATE: _____

CHECK# _____ CREDIT CARD: MC VISA DISC

**A DEPOSIT IS REQUIRED FOR ALL CAMPERS, DEPOSIT WILL BE APPLIED TO THE TUITION (ANY DISCOUNTS APPLY TO BALANCE DUE, NOT THE DEPOSIT)
THE FAMILY DISCOUNT APPLIES TO ADDITIONAL SIBLINGS ATTENDING DURING THE SAME WEEK (NO DISCOUNT DURING DIFFERENT WEEKS).**

**CAMPER INFORMATION - ALL INFORMATION VERY IMPORTANT - PLEASE FILL OUT COMPLETELY
GAGE CANNOT HANDLE AN EMERGENCY SITUATION IF IMPORTANT MEDICAL INFORMATION HAS BEEN OMITTED.**

CHILD 1	CHILD 2	CHILD 3
NAME:	NAME:	NAME:
BIRTHDATE: AGE:	BIRTHDATE: AGE:	BIRTHDATE: AGE:
GENDER: M F	GENDER: M F	GENDER: M F
MEDICAL CONDITIONS/RESTRICTIONS:	MEDICAL CONDITIONS/RESTRICTIONS:	MEDICAL CONDITIONS/RESTRICTIONS:
MEDICATIONS/SPECIAL INSTRUCTIONS:	MEDICATIONS/SPECIAL INSTRUCTIONS:	MEDICATIONS/SPECIAL INSTRUCTIONS:
PHYSICIAN:	PHYSICIAN:	PHYSICIAN:
PHONE #:	PHONE #:	PHONE #:
DENTIST:	DENTIST:	DENTIST:
PHONE #:	PHONE #:	PHONE #:
CODE WORD:	CODE WORD:	CODE WORD:
THIS WORD IS A WORD ONLY YOU, YOUR CHILD AND THE AUTHORIZED PERSONS KNOW TO VERIFY YOUR AUTHORIZATION FOR THEM TO PICK UP YOUR CHILD WHEN YOU CANNOT. PERSONS OTHER THAN PARENT WILL BE REQUIRED TO PRODUCE DRIVER'S LICENSE AS IDENTIFICATION.		
AUTHORIZED PERSONS:	AUTHORIZED PERSONS:	AUTHORIZED PERSONS:
NAME:	NAME:	NAME:
PHONE #: ()	PHONE #: ()	PHONE #: ()
NAME:	NAME:	NAME:
PHONE #: ()	PHONE #: ()	PHONE #: ()
CHILD'S PRIMARY INSURANCE:	CHILD'S PRIMARY INSURANCE:	CHILD'S PRIMARY INSURANCE:
POLICY #:	POLICY #:	POLICY #:

