



Leaps & Bounds Summer Camp

Car #: _____

Group: _____

Information Sheet

Must be 5 by June 1, 2012

Please use a separate form for each camper.

Child's Name _____ Sex _____ Date of Birth _____ Age: _____

Mother's Name: _____ Cell: _____ Home Phone: _____

Email Address: _____ Employer: _____ Wk Phone: _____

Home Address: _____ City _____ Zip Code _____

Father's Name: _____ Cell: _____ Home Phone: _____

Email Address: _____ Employer: _____ Wk Phone: _____

Home Address: _____ City _____ Zip Code _____

Person with whom the child lives with: _____

Child's Doctor: _____ Doctor's Phone: _____

Child's Dentist: _____ Dentist's Phone: _____

Individuals to contact in case of emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Please explain any 'Yes' answers to the following questions

Does your child have any food/other allergies? No Yes, _____

Does your child have any medical, physical or mental complications? No Yes _____

My child has permission to be released to the following individuals, child care facilities, or transportation services in addition to emergency contact person listed above. (Please notify these individuals that they may be asked to show proof of identity.)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Assumption of Risk & Medical Authorization

As a legal guardian of _____, hereafter, child(ren), I recognize the severe injuries including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to martial arts, dance, gymnastics, tumbling, trampoline, cheerleading, ball sports and swimming. In addition, I recognize that swimming or any activities around water can result in brain damage or drowning. I am also aware that participation in day camp involves transportation to and from various field trips and as a result my child could be injured or killed in an accident. Being fully aware of these dangers, I voluntarily give consent to the aforementioned person(s) participating in all Leaps & Bounds Sports Center programs and activities and **I ACCEPT ALL RISKS** associated with that participation.

In the event of an accident or emergency I would like the above mentioned child(ren) to be taken to a hospital for medical treatment and I hold Leaps & Bounds Sports Center and its representatives harmless in their execution of this action.

I have read and understand the Assumption of Risk and Medical Authorization and I voluntarily affix my name in agreement.

Parent/Legal Guardian's Signature _____ Date _____

Swimming

The pools at Leaps & Bounds are 4ft' deep all the way around. If your child can not swim or touch the bottom of the pool, he or she will be required to wear a life vest. It is your responsibility to provide a life vest. Arm floaties will not be allowed.

My child needs a life vest in order to swim. (circle one) YES NO

MARKETING QUESTIONS:

How did you learn about Leaps & Bounds? _____

I am aware that individual and group photos/videos are taken throughout camp and that my child's picture may appear in LBSC publicity or advertising and by my initials I hereby grant my permission to use these photos or videos. _____

Leaps & Bounds Summer 2012 Week Selections

(Initial the weeks that your child will be attending)

Child's Name _____

- _____ Wk 1 May 29-June 1 (closed for Memorial Day)
- _____ Wk 2 June 4-8
- _____ Wk 3 June 11-15
- _____ Wk 4 June 18-22
- _____ Wk 5 June 25-29
- _____ Wk 6 July 2-3 & 5-6 (closed on the 4th)
- _____ Wk 7 July 9-13
- _____ Wk 8 July 16-20
- _____ Wk 9 July 23-27
- _____ Wk 10 July 30 – Aug 3

# of Weeks Selected	Activity Fee	Reg by 03/02/12	Weekly Cost
9-10	\$110 per child	\$20 off your activity fee	\$119
6-8	\$90 per child	\$20 off your activity fee	\$119
1-5	\$60 per child	\$20 off your activity fee	\$119

A family discount of \$9 off per child applies to the 2nd and 3rd child attending camp during the same week. There will be no discounts for different weeks attended. The activity fee is your deposit and is required for all campers (no discount is given). Your activity fee is non-refundable. No Family Administrative Fee is required for Summer Camp.

I have chosen _____ # of weeks. My activity fee is _____. My cost per week is _____.

PAYMENT OPTIONS & CREDIT CARD AUTHORIZATION

_____ MONTHLY I have chosen to pay MONTHLY by the 1st with cash, check or credit card.

_____ WEEKLY I have chosen to pay WEEKLY with my credit/debit card on file. Please use the information below.

This Credit Card Authorization will allow us to charge your credit card or debit card with your weekly Summer Camp amount. Your card will be charged on Friday morning for the upcoming week of camp. If your card is declined, you will be assessed a \$10 late fee.

Name on Card: _____

Signature: _____

Credit Card Number: _____ Exp. Date _____

Zip Code: _____ Weekly Amount to be Charged: _____

Summer Adventure Camp Payment Agreement

By signing your child up for Leaps & Bounds Summer Adventure Camp, you are agreeing to take care of all financial responsibilities. The following statements outline each of these responsibilities. Please carefully read each item and put your initials in the blanks provided.

- I understand that I will be billed the entire amount of Summer Camp that I have selected. If for any reason I must drop out of Summer Camp, I understand that I will be billed for the remaining weeks I selected. A **two week** drop notice will relieve me of any future payments once the final 2 weeks have been fulfilled. Any money paid, not including the activity fee will be refunded to me. _____
- I understand that if I pay monthly and do not pay by the first, I will be assessed a \$10 late fee. If I have not paid by the 5th, I will not be allowed to bring my children to camp until it is paid and I will still be responsible for payment even though my children did not come. _____
- If I need to switch the weeks I have selected, there will be a \$3 fee per week changed after March 6th. I understand that changes will be made upon availability and a 2 week notice is required. _____
- For weekly payments, I understand that my credit card will be charged on the Friday prior to the week of camp attended. I understand that if the credit card does not go through, a \$10 late fee will be assessed. _____
- I understand that I am responsible for replacing my child's backpack, at a cost of \$15, if it is lost, stolen or broken. I understand that I am responsible for purchasing replacement t-shirts through the Summer Camp office at \$12.00 apiece. _____

Please read and sign. I have read and understand all of the above statements. I agree to pay for any and all of the above items that are applicable to me.

Signature: _____ **Date:** _____



Thank you for your business! We are committed to serving you to the best of our abilities. If you have any questions or comments, please feel free to stop by or call us at 225/665-7200.

Sincerely,

Leaps & Bounds Staff

A la Carte Menu

Child's Name _____

T-shirts:

Campers get a camp t-shirt with their activity fee. This will be worn on Field Trip Day. You can order additional shirts for \$12.00/shirt.

Shirt Size: **NEEDED FOR EACH CAMPER** (Circle the appropriate size)

S 6-8

M 10-12

L 14-16

Adult S

Adult M

Adult L

of Additional Shirts _____ (paid with the activity fee)

Concessions:

If paying with a credit card on file, you may automatically load your child's concession account weekly.

_____ Load my child's account with \$ _____ each week

Credit Card Authorization Signature: _____

