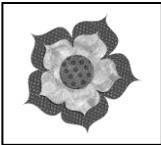


JAG Spring Camp 2010 Registration Form



STUDENT INFORMATION

Student's Name _____ Female Male Home Ph _____
 Student's Address _____ City _____ St _____ Zip _____
 Parent's Name _____ Cell Ph _____ Work Ph _____
 Parent's Name _____ Cell Ph _____ Work Ph _____
 E-mail _____ **(MANY OF OUR CAMP NOTICES ARE SENT VIA EMAIL!)**

Who is authorized to pick up child from JAG? (Please give name and relationship to child) _____

Student's Birthdate: _____ Grade in September 2009 _____ School _____

Does your child have any physical/social/emotional issues or allergies? _____

Please explain: _____

How did you hear about JAG? _____

Is there any child with whom your child wishes to be grouped? _____

ENROLLMENT DATES

Please indicate the dates that your child will attend:

March 25 26	Full Day/Half Day	Lunch March 25 26
March 29 30 31 Apr 1 2	Full Day/Half Day	Lunch March 29 30 31 April 1 2
April 5 6 7 8 9	Full Day/Half Day	Lunch April 5 6 7 8 9

ABSENCES, WITHDRAWALS AND MAKEUPS:

No refunds will be granted for absences or withdrawals. There are no refunds, no credits and no makeups for missed days— please check your schedule carefully before committing to JAG.

Initial: _____

TUITION

Full Day Daily Rate: \$92 Half Day Daily Rate: \$72

Full Day is 9:00 to 3:00. Half Day is 9:00 to 1:00

****Children should bring a lunch and a snack. As an alternative, pizza can be purchased for lunch for \$8.00. Snacks are also available for purchase.**

PAYMENT METHOD

_____ visa _____ mastercard _____ check _____ cash

You must leave a credit card on file when you are registering for JAG Camp. Your credit card will be charged for any early drop off, late pick up, or any other fees that are not paid.

Name (as it appears on the card): Print _____ Signature _____ Date _____

Credit Card Number _____ Expiration Date _____

Release of Liability

In consideration of allowing the previously-declared participant to begin participation in the Josephson Academy of Gymnastics activities, while on the premises and property of said JAG, the undersigned, being the legal and acting guardian of participant, acting for themselves and on behalf of the participant, release and hold harmless the Josephson Academy of Gymnastics, a California Corporation, its owners, officers, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which the Josephson Academy of Gymnastics is conducted, or any premises under the control and supervision of JAG, its owners, officers, employees, or agents or in route to or from any of said premises, or while at any premises or place when activities sponsored by or participated in by JAG., its owners, officers, agents, or employees. JAG reserves the right to use any video or photographic material for any legal purpose.

Signed _____ Date _____

Assumption of Risk And Medical Emergency

Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant choose to voluntarily enter upon said premises under the control of said corporation, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant and/or the undersigned or any property owner by them while on or upon said premises described above.

The corporation may but shall not be obliged to carry insurance on the participant, and the existence of insurance shall not change, alter, or increase the liability of the corporation to the participant and the undersigned or affect the terms of this Release.

In signing this Release, the undersigned acknowledges:

- a) That he/she has read thoroughly and understands completely, the terms of Registration and Release and signs it voluntarily.
- b) That the undersigned signing as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant.

The undersigned gives permission of the Josephson Academy of Gymnastics, owners, officers, or employees to seek medical treatment for the participant in the event they are not able to reach the parent or guardian. I hereby declare any physical/mental problems, restrictions, or conditions and/or declare the participant to be in good physical and mental health.

Signed _____ Date _____

Financial Responsibility

I understand that camp fees are non-refundable. **I agree to a \$1.00 per minute charge if I am late returning for my child at the end of the day.**

Signed _____ Date _____

Send application with payment to:

The Josephson Academy of Gymnastics • 8640 Hayden Place • Culver City, CA 90232 or FAX to: (310) 287-9821
