



JAG Summer Camp 2009 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:

June 8 9 10 11 12	Baby You're a Star	Full Day/Half Day	Lunch June 8 9 10 11 12
June 15 16 17 18 19	X Games: Fun Factor	Full Day/Half Day	Lunch June 15 16 17 18 19
June 22 23 24 25 26	Heros and Villians	Full Day/Half Day	Lunch June 22 23 24 25 26
June 29 30 July 1 2 3	It's a Party in Here	Full day/Half Day	Lunch June 29 30 July 1 2 3
July 6 7 8 9 10	JAG's Hotel for Dogs	Full Day/Half Day	Lunch July 6 7 8 9 10
July 13 14 15 16 17	Red v. Blue Week	Full Day/Half Day	Lunch July 13 14 15 16 17
July 20 21 22 23 24	Harry Potter Week	Full Day/Half Day	Lunch July 20 21 22 23 24
July 27 28 29 30 31	Cirque de JAG	Full Day/Half Day	Lunch July 27 28 29 30 31
August 3 4 5 6 7	Silly, Sillier and Silliest Week	Full Day/Half Day	Lunch August 3 4 5 6 7
August 10 11 12 13 14	Magical Mystery Week	Full Day/Half Day	Lunch August 10 11 12 13 14
August 17 18 19 20 21	Animal Planet Week	Full Day/Half Day	Lunch August 17 18 19 20 21
August 24 25 26 27 28	Arts! Explosion	Full Day/Half Day	Lunch August 24 25 26 27 28
August 31 Sept 1 2 3 4	These Were the Days	Full Day/Half Day	Lunch August 31 Sept 1 2 3 4

ABSENCES, WITHDRAWLS 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 Weekly Rate: \$425	Half Day Weekly Rate: \$335
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 SCHEDULE

A \$100 per week non-refundable deposit is required at the time of registration. The balance of your tuition is due June 5, 2009 at noon. Any balance after that time will be charged to the credit card on file. (All students who register after June 5, 2008 at noon must pay the entire tuition at the time of registration.) **Please note that no refunds will be granted on camp tuition 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.** There is a \$50 fee for each change made to the original application.

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
