

# All-stars Academy's

## REGISTRATION FORM

### **PARTICIPANT INFORMATION** (Please type or print legibly)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:  Female  Male Age: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

School: \_\_\_\_\_

Grade attended: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ cel: \_\_\_\_\_

Parent email: \_\_\_\_\_

(Include area code with telephone)

 Please list ADA Accommodations needed: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Mother's day phone: \_\_\_\_\_ Father's day phone: \_\_\_\_\_

Mother's cell: \_\_\_\_\_ Father's cell: \_\_\_\_\_

Person's Authorized to pick up child: \_\_\_\_\_  
(Please provide a copy of their ID)

Other Dismissal Arrangements \_\_\_\_\_

Emergency contact\*: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Specify any of your child's health problems: \_\_\_\_\_

Is your child on any medication? No Yes If so, please specify: \_\_\_\_\_

**Lunch:** If you will be sending your child's lunch, please be sure that your child's lunch is clearly marked with your child's name and last name. Refrigerators will not be available for your child to store his/her lunch. Glass bottles/containers are not allowed. You must send your child with proper utensils.

### **Tuition Prices:**

**Individual Tutoring:** \$45/hr

**After-School Program:** \$205/week 7:45AM-5PM

**Aftercare Security Deposit fee:** \$160/child via check or credit card on file.

**Payments:** Tuition must be paid with cash or check no later than Friday afternoon before the start of the new week for aftercare camp.

**Parent Initials** \_\_\_\_\_

**Contact Information**

For more information, contact Mario Jimenez, Camp Director at 561-713-5170  
Emails: bocaallstars@all-starsacademy.com

**Students must commit for the full month even if payments are made on a weekly basis. A Checking account or Credit card is required at the time of registration. Payments will be automatically deducted if child abandons program without 30 days notice. Credit cards are subject to 4% processing fee.**

**Registration and first week of camp are due at the time of registration.**

**We do not provide make-ups or refunds for any days missed for any reason.**

Credit Card \_\_\_\_\_ Exp. Day \_\_\_\_\_ CSV \_\_\_\_\_ Type \_\_\_\_\_  
Bank information: Account # \_\_\_\_\_ Routing# \_\_\_\_\_

Please do your best to come to All-stars Academy’s camp on a daily basis.

**DROP OFF AND PICK UP TIMES FOR AFTERCARE, SUMMER AND HOLIDAY CAMPS**

**Drop off time Aftercare camp:**

- 7:45AM

**Pick up time:**

- 5 PM for Aftercare Care

**Late fee Policy:** A fee of \$1 will be charged for every minute that your child(ren) is/are in the building after the registered pick up time. After 10 minutes, this late pick up fee goes up to \$2 per minute. This fee must be paid at the time when you pick up your child.

There will be no exemptions or warnings. If you are late for ANY reason, a charge will be issued. This no exception policy makes it easier for us to apply the late policy to everyone consistently and fairly. It will be greatly appreciated, if parents call to notify us if they will be late and give an approximate arrival time so that we can better comfort your child. If this becomes a frequent problem, All-stars Academy reserves the right to dismiss a family from the program.

By signing bellow, I understand that late payment fees, late pick up fees and early withdrawals fees will be deducted from my bank/credit card accounts, **and that I must give a minimum of 30 days’ notice before removing my child from Aftercare camp, otherwise it will result in a 100% charge of the total tuition and will be automatically deducted to my credit card or bank account entered above. I understand that Credit card payments are subject to 4% processing fee.**

**Please check this box if you would like for us to set you up for automatic monthly payments from the checking account provided above.**

**PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**REQUIRES PARENT’S SIGNATURE:**

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child \_\_\_\_\_ as they may deem advisable.

Parent/Legal guardian name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Allergies \_\_\_\_\_

Student Medical Problems \_\_\_\_\_

Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Policy number \_\_\_\_\_

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Who is financially responsible for the student? \_\_\_\_\_

I hereby give permission to **All-stars Academy and/or Boca All Stars Inc.**, to photograph and/or videotape the student for educational or promotional purposes. \_\_\_\_\_ (Initial)

### **PARENT STATEMENT**

I hereby state that (camper's name) \_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided by **Boca All Stars Inc.**, including but not limited to all aspects of cheerleading, tumbling, and dance training, baseball, basketball, soccer and or competition. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **Boca All Stars Inc., its employee and its staff** from liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring in the premises of **Boca All Stars Inc., and Boca Glades Baptist Church**, including any event sponsored or sanctioned by **Boca All Stars Inc.**, and or travel to and from such activities.

I understand that **Boca All Stars Inc.**, has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **Boca All Stars Inc.**, or its scheduled program and that **Boca All Stars Inc.**, has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

I understand that I must give 30 days or more notice if my child will no longer attend aftercare camp. Otherwise the aftercare security deposit fee check or credit card on file will be charged.

### **Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, known as COVID-19, is an extremely contagious virus, which can cause serious medical conditions, including death. COVID-19 has been declared a worldwide pandemic by the World Health Organization, and as a result, federal, state, and local governments along with federal and state health agencies recommend social distancing and have, in some circumstances, limited the congregation of people. COVID-19 is so contagious that even the most extraordinary measures has not halted its spread amongst our population.

Boca All-Stars Academy and Boca Glades Baptist Church have initiated reasonable, precautionary measures in an effort to reduce the spread of COVID-19. However, given the extremely contagious nature of COVID-19, BASA and BCBG cannot guarantee that your child(ren) will not contract the virus while attending or engaging in school-related and/or extracurricular activities. In fact, the increased exposure of attending or engaging in such activities could increase your child(ren)'s risk of contracting COVID-19, despite BASA and BCBG's reasonable efforts to reduce the spread of the virus.

**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ATTEND OR ENGAGE IN AN ACTIVITY AT WHICH THEY MAY BE EXPOSED TO AND CONTRACT COVID-19. YOU ARE**

AGREEING THAT, EVEN IF BOCA ALLSTARS ACADEMY AND ITS EMPLOYEES AND AGENTS (HEREINAFTER, BCBG) USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY CONTRACT COVID-19 AND MAY BE SERIOUSLY INJURED OR KILLED BY COVID-19 BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY AND THE VIRUS WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM BASA OR BGBC IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY AND THE VIRUS, AND FOR RISKS ARISING FROM THE NEGLIGENCE OR RECKLESSNESS OF THE RELEASED PARTIES, INCLUDING, BUT NOT LIMITED TO, BASA AND BGBC. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND BASA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s engagement in or attendance at a BASA sponsored event. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless BASA and BGBC, of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of BASA and BGBC, whether a COVID-19 infection occurs before, during, or after participation in any BASA sponsored event.

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Signature of Parent/Guardian

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PRINT Name of Parent/Guardian

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Date

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Student(s) Name