

All-stars Academy's 2011-2012 Winter Camp

REGISTRATION FORM

PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: _____ First Name: _____

Gender: Female Male Age: _____ T-Shirt Size _____

School: _____

Grade attended year 2011-2012: _____

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 be available for your child to store his/her lunch. Glass bottles/containers are not allowed.

Payments: Tuition may be paid by cash or check No later than Monday of the starting week.
Make the check payable to: **Boca All Stars Academy Inc.**

Weekly Camp Fees:

- Full Session (9AM-4PM) \$155 lunch included/\$130 with no lunch
- Extended camp \$190 lunch included/\$165 with no lunch
- 3 Day Camp \$130 lunch included/\$115 with no lunch

- One Day camp \$45 lunch included/\$45 with no lunch

Registration fee: \$30 includes camp T-shirt

Contact Information

For more information, contact Dr. Mario Jimenez, Camp Director at 561-713-5170

Emails: bocaallstars@gmail.com

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____

I understand that the first weeks balance is due by June 10. We do not provide make-ups or refunds for any days missed for any reason. Please do your best to come to All-stars Summer camp every day

DROP OFF AND PICK UP TIMES

Drop off time:

- 7:50AM for Extended session campers
- 9AM Full Session campers
- 3PM for Specialty camps

Pick up time:

- 5:45PM for Extended session campers
- 4:00PM for Full session campers
- 4PM for Specialty camps
- A \$1 fee will be charged for every minute late after a 10 minute courtesy wait.

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 _____

Who is financially responsible for the student? _____

I hereby give permission to **All-stars Academy Winter Camp and 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.

Parent Signature _____ Date _____