

Camper Surname: \_\_\_\_\_

## **THE STADIUM WINTER CAMP 2016 REGISTRATION**

### **Parent Information**

**1st Parent or Guardian Full Name** \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

*(If both parents have the same address leave those fields blank)*

**2nd Parent or Guardian Full Name** \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Home (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_

Relationship \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_\_) \_\_\_\_\_

**Family Doctor** \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Insurance Provider \_\_\_\_\_

Policy # \_\_\_\_\_

### **Child(ren) Information**

**Child 1**

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

First Name: \_\_\_\_\_ Gender: Boy      Girl

Age on Dec. 19, 2016: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

School in Sept. 2016: \_\_\_\_\_ Grade in Sept. 2016: \_\_\_\_\_

\*Please list any special needs, medications, allergies and/or physical limitations we should be aware of:

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Please place my child in the same group as: \_\_\_\_\_

**Child 2**

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

First Name: \_\_\_\_\_ Gender: Boy      Girl

Age on Dec. 19, 2016: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

School in Sept. 2016: \_\_\_\_\_ Grade in Sept. 2016: \_\_\_\_\_

\*Please list any special needs, medications, allergies and/or physical limitations we should be aware of:

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Please place my child in the same group as: \_\_\_\_\_

**Child 3**

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

First Name: \_\_\_\_\_ Gender: Boy      Girl

Age on Dec. 19, 2016: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

School in Sept. 2016: \_\_\_\_\_ Grade in Sept. 2016: \_\_\_\_\_

\*Please list any special needs, medications, allergies and/or physical limitations we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please place my child in the same group as: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Referred By: \_\_\_\_\_

**All campers must be signed in and out daily by an authorized, responsible adult (18yrs. or older).**

Please list the name(s) of anyone who is authorized to pick-up your child(ren) from camp:

Name \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

**Select camper(s) schedule by checking the week(s) and times of day you prefer.**

## Winter Camp Week 01

### Camper 1 Schedule

December 19, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
December 20, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
December 21, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
December 22, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
December 23, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)

### Camper 2 Schedule

December 19, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
December 20, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
December 21, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
December 22, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
December 23, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)

### Camper 3 Schedule

December 19, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
December 20, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
December 21, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
December 22, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
December 23, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)

## Winter Camp Week 02

### Camper 1 Schedule

December 26, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
December 27, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
December 28, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
December 29, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
December 30, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)

### Camper 2 Schedule

December 26, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
December 27, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
December 28, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
December 29, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
December 30, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)

### Camper 3 Schedule

December 26, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
December 27, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
December 28, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
December 29, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
December 30, 2016	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)

## Winter Camp Week 03

### Camper 1 Schedule

January 3, 2017	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
January 4, 2017	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
January 5, 2017	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
January 6, 2017	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)

### Camper 2 Schedule

January 3, 2017	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
January 4, 2017	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
January 5, 2017	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
January 6, 2017	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)

### Camper 3 Schedule

January 3, 2017	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
January 4, 2017	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
January 5, 2017	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)
January 6, 2017	AM (9am-12pm)	PM (12pm-3pm)	All Day (9am-3pm)

Campers must be in good health: Allergies and other conditions, which might affect the health, safety or welfare of the camper, must be noted on the health history form. Parent must agree to allow The Stadium to select a physician should their child be confronted with a medical emergency and a parent cannot be reached.

2. Absences/Schedule Changes: There is NO fee for any schedule changes. ALL absences MUST BE communicated via email to the office no later than 8:30 am on the scheduled camp day for the camper to receive credit for the missed camp day. If the absence is not communicated via email by 8:30 am, the camp day will be forfeited and no re-schedule will be granted. If your camper shows up to camp on an unscheduled camp day, it will not be considered a schedule change and your credit card will be charged for the additional camp day OR if there is not availability, you will be asked to take your camper home.

3. Payment: There is no registration fee. Payment for days attended must be made in advance, or on the drop-in day. Mastercard and Visa credit cards are accepted.

4. Withdrawals and Refunds: There are absolutely NO REFUNDS -NO EXCEPTIONS. We do not offer refunds for camper's time off, missed days, family vacations, partially missed days, any medical reasons, or anything else that requires time off from camp. While The Stadium strives to make Camp enjoyable for all campers, satisfaction with the experience is subjective on the part of the child and the parent. Therefore, it is understood and agreed that The Stadium cannot and does not guarantee or warrant any campers' satisfaction. It is also understood and agreed that there are no other agreements, expressed or implied, between The Stadium, and me or my child regarding The Stadium's programs, activities or events.

5. Dismissal from Camp: Should your child be dismissed from camp for unsatisfactory behavior or conduct, 50% of the unused tuition shall be refunded.

6. Lunch, if staying a full day, should be brought from home, and must not contain perishables. We do not provide refrigeration. Juice and snacks are

provided to all campers at snack time only. Please be sure to label all lunch boxes with your child's name.

I have read, understand and agree to The Stadium's Camp policies and enrollment conditions listed above and on the reverse side. I further agree to:

1. Allow The Stadium to select a physician should my child be confronted with a medical emergency and I cannot be reached.
2. Allow my child's image to be used in any and all promotional photographs, videos or web sites.
3. Not hold The Stadium responsible for any articles of clothing, personal belongings, personal athletic equipment that are lost or damaged by theft, fire, natural disaster or other occurrence.
4. I understand that The Stadium provides limited excess accident medical protection for campers. Parents insurance is primary. Camp protection will pay only those covered medical expenses, which are not paid by parents.
5. Release Agreement: I understand that accidents and injuries can happen when my child attends The Stadium or participates in its recreational programs. I also understand that my child's enrollment at The Stadium is voluntary and my signing of this release agreement is in exchange for my child being permitted to attend The Stadium. I agree, for myself, my child, and heirs, to assume the risks of any injury or death my child might suffer as a result of my child's conduct or The Stadium's negligence while attending camp at The Stadium. Furthermore, I agree, for myself and my child, to release and discharge The Stadium and its employees and agents from, and expressly waive any and all claims (known or unknown) for, any negligence on their part that might result in personal injury, property damage, death, costs or attorney's fees. This release of liability waives all claims



arising from The Stadium's negligence, whether known or unknown by me at this time, and I waive the provisions of Civil Code Section 1542, which says, "A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor." I agree that this Release Agreement is to be interpreted in a way to maximize its enforceability, and that if any portion of this agreement is found to be invalid, the remainder of the Release Agreement remains in effect. There are absolutely NO REFUNDS -NO EXCEPTIONS.

Initial Here: \_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**PAYMENT METHOD:**

Cash: \_\_\_ Check: \_\_\_ Credit: \_\_\_ Payment Date: \_\_\_/\_\_\_/\_\_\_

Promotional Code (if applicable): \_\_\_\_\_

Check amount enclosed: \_\_\_\_\_ Check: # \_\_\_\_\_

Please Charge My Credit Card *(Check 1)*

Visa:

Mastercard:

Name On Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Account: # \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_/\_\_\_

Cardholder Signature: \_\_\_\_\_