



REGISTRATION FORM SUMMER CAMP

Mom Name: _____ Last Name: _____ Mom Cell: (____) _____

Dad Name: _____ Last Name: _____ Dad Cell (____) _____

Home Phone (____) _____ Emergency Contact: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip _____

Email Address: _____ Alternate Email: _____

Child (1) First Name: _____ Last Name: _____ Date of Birth: _____ Grade: _____ Sex: M F

Medical Conditions: _____

Participating In: **CAMP** **DISCOUNTED CLASS** **(circle all that apply)**
Class Name: _____ Day: _____ Time: _____ Instructor: _____

Child (2) First Name: _____ Last Name: _____ Date of Birth: _____ Grade: _____ Sex: M F

Medical Conditions: _____

Participating In: **CAMP** **DISCOUNTED CLASS** **(circle all that apply)**
Class Name: _____ Day: _____ Time: _____ Instructor: _____

How did you hear about us? _____

PAYMENT INFORMATION

_____ **a) AutoPay Weekly** **Visa** **MasterCard** **Discover**
Initial _____

I understand camp tuition payment will be charged to the credit card on file the Friday before the week attending camp. I understand I will be billed the total amount due on my account. Any penalty imposed by my bank for uncollected funds is my responsibility. I understand that I will be charged for the days I reserve. No exceptions will be given for this policy. I understand I need to fill out the credit card authorization form attached. I understand that a deposit of \$25 per week is required. I understand that in the case that I have to cancel/change dates, my deposit of \$25 is non-refundable but the remaining paid fees can be transferred to another week.

_____ **b) PrePay Weekly**
Initial _____

I understand that camps are scheduled on a weekly basis and that my camp tuition is due by on or prior to the first day of attendance each week. I understand that a deposit of \$25 per week is required. I understand that in the case that I have to cancel/change dates, my deposit of \$25 is non-refundable but the remaining paid fees can be transferred to another week.

Office Use:	
Staff Registering _____	Notes: _____
ICLASS _____	
Active Student Y N	
Non-Active Student Y N	
Reg Fee Date Paid _____	

I have read and am familiar with the safety guidelines and policies within the registration packet.
Signature: _____
Date: _____

FUNPLEX DAY CAMP 2011 SCHEDULE

CIRCLE ALL ITEMS THAT APPLY	1ST DAY	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
		6/10/11	6/13-6/17	6/20-6/24	6/27-7/1	7/4-7/8 Closed	7/11-7/15	7/18-7/22	7/25-7/29	8/1-8/5	8/8-8/12
Full Time	FULL AM PM	FULL AM PM	FULL AM PM	FULL AM PM	Closed	FULL AM PM	FULL AM PM	FULL AM PM	FULL AM PM	FULL AM PM	FULL AM PM
½ Day											
EarlyCare	Y N	Y N	Y N	Y N		Y N	Y N	Y N	Y N	Y N	Y N

PART TIME - PLEASE INDICATE DAYS TO BE ATTENDED, FULL OR HALF DAY & EARLY CARE NEEDS

Mon. ½ Day EarlyCare	Closed	FULL AM PM Y N	FULL AM PM Y N	FULL AM PM Y N	Closed	FULL AM PM Y N	FULL AM PM Y N	FULL AM PM Y N	FULL AM PM Y N	FULL AM PM Y N	FULL AM PM Y N
Tue. ½ Day EarlyCare	Closed	FULL AM PM Y N	FULL AM PM Y N	FULL AM PM Y N	Closed	FULL AM PM Y N	FULL AM PM Y N	FULL AM PM Y N	FULL AM PM Y N	FULL AM PM Y N	FULL AM PM Y N
Wed. ½ Day EarlyCare	Closed	FULL AM PM Y N	FULL AM PM Y N	FULL AM PM Y N	Closed	FULL AM PM Y N	FULL AM PM Y N	FULL AM PM Y N	FULL AM PM Y N	FULL AM PM Y N	FULL AM PM Y N
Thurs. ½ Day EarlyCare	Closed	FULL AM PM Y N	FULL AM PM Y N	FULL AM PM Y N	Closed	FULL AM PM Y N	FULL AM PM Y N	FULL AM PM Y N	FULL AM PM Y N	FULL AM PM Y N	FULL AM PM Y N
Fri. ½ Day EarlyCare	FULL AM PM Y N	FULL AM PM Y N	FULL AM PM Y N	FULL AM PM Y N	Closed	FULL AM PM Y N	FULL AM PM Y N	FULL AM PM Y N	FULL AM PM Y N	FULL AM PM Y N	FULL AM PM Y N

OFFICE USE ONLY BELOW

RegFee \$20/ch \$45/fam (3+)											
Tuition											
-Less Deposit											
SUBTOTAL											
Field Trip \$5											
Early Care											
BALANCE DUE											
Date/Staff											

Camp Registration fee* & a \$25 deposit required for each week you are reserving to hold space. A DEPOSIT IS REQUIRED FOR ALL CAMPERS, DEPOSIT WILL BE APPLIED TO THE TUITION (ANY DISCOUNTS APPLY TO BALANCE DUE, NOT THE DEPOSIT) THE FAMILY DISCOUNT APPLIES TO ADDITIONAL SIBLINGS ATTENDING DURING THE SAME WEEK (NO DISCOUNT DURING DIFFERENT WEEKS). * See Daycamp Policies & Procedures for details

CAMPER INFORMATION - ALL INFORMATION VERY IMPORTANT - PLEASE FILL OUT COMPLETELY. THE FUNPLEX CANNOT HANDLE AN EMERGENCY SITUATION IF IMPORTANT MEDICAL INFORMATION HAS BEEN OMITTED.

CHILD 1	T-Shirt Size _____	CHILD 2	T-Shirt Size _____	CHILD 3	T-Shirt Size _____
NAME:		NAME:		NAME:	
BIRTHDATE: AGE:		BIRTHDATE: AGE:		BIRTHDATE: AGE:	
GENDER: M F		GENDER: M F		GENDER: M F	
MEDICAL CONDITIONS/ RESTRICTIONS/INSTRUCTIONS		MEDICAL CONDITIONS/ RESTRICTIONS/INSTRUCTIONS		MEDICAL CONDITIONS/ RESTRICTIONS/INSTRUCTIONS	
AUTHORIZED PERSONS:		AUTHORIZED PERSONS:		AUTHORIZED PERSONS:	
NAME:		NAME:		NAME:	
PHONE #:		PHONE #:		PHONE #:	

PLEASE READ AND INITIAL THE FOLLOWING:

I UNDERSTAND AND AGREE:

- THE CAMP IS NOT RESPONSIBLE FOR PERSONAL ITEMS THAT ARE LOST, STOLEN OR DAMAGED. _____
- THE CAMP MAY USE ANY PHOTOGRAPHS, VIDEOTAPES, MOTION PICTURE RECORDINGS, OR ANY OTHER RECORD OF THIS EVENT FOR PUBLICITY, ADVERTISING OR ANY LEGITIMATE PURPOSE. (Y / N) _____
- I HAVE READ AND UNDERSTAND THE FUNPLEX DAYCAMP POLICIES & PROCEDURES. _____
- I HAVE SIGNED A PARTICIPATION WAIVER. _____
- MY CHILD (IS / IS NOT) ALLOWED TO CHARGE ITEMS TO HIS/HER ACCOUNT.

Circle Choice

- THE FUNPLEX DAYCAMP CANNOT BE RESPONSIBLE IF YOU DO NOT SIGN THE CAMPER IN AND OUT. SIGNING YOUR CHILD IN AND OUT OF DAYCAMP IS VERY IMPORTANT. THE CHILD IS NOT ALLOWED TO SIGN THEMSELVES IN OR OUT. ONLY THE PARENT OR AUTHORIZED PERSON IS PERMITTED TO SIGN IN AND SIGN OUT. IF AN AUTHORIZED PERSON IS PICKING UP YOUR CHILD PLEASE NOTE THIS ON THE SIGN IN FORM AND NOTIFY THE ATTENDING DAYCAMP STAFF WHEN YOU SIGN IN. IF A PERSON IS PICKING UP THAT IS NOT ON THE AUTHORIZED PERSONS LIST WE WILL NOT RELEASE THE CHILD WITHOUT WRITTEN PERMISSION FROM THE PARENT AND PERSONAL IDENTIFICATION (DRIVERS LICENSE) FROM THE PERSON PICKING UP. _____ (PLEASE INITIAL YOU HAVE READ & UNDERSTAND THIS PROCEDURE)

Please use the following waiver:

When you have any participant that is a **minor**.

** (Parent or Legal Guardian should sign the name of the minor if the minor is not old enough to sign the waiver themselves.) Also have the parental consent portion signed by the Parent and /or Legal Guardian.

This waiver, when the parent gives parental consent for the minor, **does NOT cover the parent** if something should happen to the parent. **This waiver only covers the minor.** If the Parent decides to participate in the same activity as the minor please **Make sure the Parent also signs the other Waiver in addition to this waiver.**

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

In consideration of participating in the _____ CAMP I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Gulf Breeze Gymnastics and Cheer, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant

Date: _____

Signature of participant

PARENTAL CONSENT

AND I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

Printed name of Parent/or Legal Guardian

Date: _____

Signature of Parent/or Legal Guardian



Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.

The bottom portion of this form will be shredded.

I _____ hereby authorize The Funplex of Gulf Breeze, to charge my credit card or debit card for all services and products related to my family's enrollment in classes and activities at The Funplex of Gulf Breeze. Including but not limited to tuition, memberships, special events, accessories, etc. (Note: Fees are subject to change). I understand that my credit or debit card will continue to be charged on a monthly, session, periodic or as determined within your program, unless I notify the front office at The Funplex of Gulf Breeze. I understand that it will not be sufficient notice to tell an instructor or supervisor of your intent to discontinue. I have read this entire agreement and understand that I will be held fully responsible for its terms and conditions of service, including written notice to The Funplex of Gulf Breeze of any intent to discontinue any programs. I agree to turn in a cancellation form prior to the 25th of the month prior to the desired month of cancellation. I agree to notify The Funplex of Gulf Breeze immediately of any change in the status of my charge account including card expiration, name change, limitation of use, loss or theft of the card, etc. In the event that the amount charged is refused for whatever reason, I accept responsibility for full payment for the amount charged as well as any late charges incurred.

Print Name: _____

Sign: _____

Dated: _____

-----cut here-----

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Once signed return the completed form to:

The Funplex of Gulf Breeze
3123 Gulf Breeze Parkway
Gulf Breeze, FL 32563
Phone: 850-932-2297
gulfbreezegym@gmail.com