

# AIM HOLIDAY CAMP FAMILY REGISTRATION FORM

Kindergarten – 7<sup>th</sup> grade ONLY

CAMPER	M F	DOB	AGE
CAMPER	M F	DOB	AGE
CAMPER	M F	DOB	AGE
CAMPER	M F	DOB	AGE

## IN CASE OF EMERGENCY, SICK CHILD, OR BEHAVIOR ISSUE...

CALL FIRST	NUMBER
CALL SECOND	NUMBER
CALL THIRD	NUMBER

MOM NAME	DAD NAME
STEP MOM NAME	STEP DAD NAME

EMAIL ADDRESS
EMAIL ADDRESS

ALLERGY	TREATMENT
---------	-----------

SECURITY CODE				
---------------	--	--	--	--

### Bring Lunch with 2 snacks and 3 drinks.

We cannot heat up or cook any food for you.

### Dress in stretch clothes. No jeans. No Crocs or flip flops. Tennis shoes only!

Drop off @ **BLUE** Trim Building as early at 6:30 am.

Pick up @ **BLUE** Trim Building as late at 6:00 pm.

Drop off or pick up between 9:00am-2:45pm come to **RED** trim building.

You will receive a number when you drop child off.

This number must be used to pick up child.

You will need to drive through and hold up number, staff will call and put child in car.

### PAYMENT OF CASH OR CHECK MUST BE RECEIVED AT DROP OFF.

\$30 MEMBERS, \$35 NON-MEMBERS.

Members are those who are currently enrolled in a gym class or attended Summer Camp 2017.

# ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

As legal guardian of \_\_\_\_\_ (child), I recognize and agree that the aforementioned minor, who is taking part in activities at AIM, will be engaging in activities that entail certain hazards and that said participant may possibly sustain injuries in the participation of such activities. Both parent and child are fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses. That recognizing said possibility, both parents and minor participant do wish for said minor to take part in such activities.

In consideration of the applicant's participation in the instructional activity of AIM do herewith and hereby agree to indemnity and hold harmless AIM, its offices, instructors, employees, agents, and representatives from whatsoever extent or nature, including without limitation, any injury, illness, or accident to such applicant arising from such applicant's participation in ANY program, course of instruction, or travel with said, AIM.

We expressly grant permission to any representative of AIM, to authorize and obtain medical care from any licensed physician, ambulance service, hospital, or medical clinic should the Applicant become ill or injured while participating in activities away from home or at a time when neither parent is available to grant authorized treatment.

I have read and understand this assumption of risk waiver of liability and medical authorization and I voluntarily affix my name in agreement.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ I give permission for my child's picture to be taken to use for advertising for Athletes In Motion. (please initial)

## Holiday Camp Dates 2018-2019

<b>Date</b>	<b>Reason</b>
Monday August 6	Summer
Tuesday August 7	Summer
Friday September 14	Staff Development
Monday October 15	Fall Break
Tuesday October 16	Fall Break
Monday October 22	PTC
Tuesday November 6	Election Day
Monday November 19	Thanksgiving
Tuesday November 20	Thanksgiving
Wednesday November 21	Thanksgiving
Wednesday December 26	Christmas
Thursday December 27	Christmas
Friday December 28	Christmas
Wednesday January 2	New Years
Thursday January 3	New Years
Friday January 4	New Years
Friday January 18	Staff Development
Monday January 21	MLK
Monday March 25	PTC
Monday April 15	Easter
Tuesday April 16	Easter
Wednesday April 17	Easter
Thursday April 18	Easter
Monday April 22	Easter

### CLOSED DATES

Monday September 3	Labor Day
Thurs, Fri November 22, 23	Thanksgiving
Friday December 24, 25	Christmas
Monday Dec 31, Jan 1	New Years
Mon, Tues March 4, 5	Mardi Gras
Friday April 19	Good Friday
F-M May 24-27	Memorial Weekend