

ArtSports Summer Gym Camp Policies

ArtSports is not a licensed, full-service day care facility, rather ArtSports is a state licensed sports camp. ArtSports is a specialized health and fitness facility providing skilled instruction for our members.

Please read and initial the following policies:

- ArtSports membership is required to attend the camp. _____
- All fees are non-refundable. Returned checks are subject to a \$20 fee. _____
- No credit of make ups will be extended for any days missed. _____
- Due to the variety of camp fees, payments are due as follows unless arrangements have been made otherwise with the director:
 - “Pay by the day” is due the day the child attends the camp. _____
 - “Pay by the week” is due the Monday of the week that camp is attended. _____
 - For those committed to 10 or more weeks, payment is due each month. _____
 - To receive the pre-pay 10% discount, pmt is due in full before May 1st _____

PLEASE SPECIFY THE DAYS AND/OR WEEKS NEEDED FOR GYM CAMP

Parent Signature _____ **Date** _____

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.

Date: _____

Printed name of Parent/or Legal Guardian

Signature of Parent/or Legal Guardian

ARTSPORTS GYM CAMPS REGISTRATION FORM

Child's name _____ **Gender** m / f _____

Age _____ **Date of birth** _____

Medical concerns _____

Applying for: (circle one)

- Girl's Camp 5-8yrs (GCA) Girl's Camp 9-12yrs (GCA)
- Boy's Camp 5-8yrs(BCA) Boy's Camp 9-12yrs(BCA)
- Co-Ed Camp 5-8yrs(CCA) Co-Ed Camp 9-12yrs(CCA)
- Endurance Camp Beginner/ Intermediate (ECA)
- Endurance Camp Intermediate/ Advanced (ECA)

Child's name _____ **Gender** m / f _____

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Mother's name _____ **day #** _____

Father's name _____ **day #** _____

Address _____ **Zip** _____

Email Address _____

Emergency contacts:

#1 _____ **phone #** _____

#2 _____ **phone #** _____

authorization consent for treatment of a minor

I, the undersigned, as a parent or legal guardian of the child registered on this form, hereby authorize Artsports and its designated leaders and directors to consent to any medical and hospital care to be rendered to said minor(s) upon the advice of a licensed physician. I understand that if time and circumstances permit, ArtSports will endeavor, but is not required, to communicate with me prior to such treatment. I further agree that Artsports and its designated leaders and directors are not legally, nor financially, responsible for any claim arising from any consent given in good connection with such diagnosis or advised treatment. This authorization and consent to treatment of a minor is given in good faith in connection with any authorized event and all shall remain effective until revoked in writing and delivered to an authorized Artsports representative.

Medical insurance company _____ **policy #** _____

Family doctor _____ **phone #** _____

Hospital _____

Parent/ guardian signature _____ **date** _____