



2019 Summer Camp Registration Form

	M	F	/	/	
Child's Name	Gender	Date of Birth			Age
School Attended:					
1 st Parent/Guardian's Name*		Cell Phone		Work Phone	
2 nd Parent's/Guardian's Name		Cell Phone		Work Phone	
*This individual will be financially responsible for the account					
Street Address		City		State	Zip
Emergency Contact Name		Cell Phone		Other Phone	
Parent/Guardian Email Address: *Required to send out statements.					
Please list any allergies, medical conditions or special needs of this child:			Indicate the days your child will attend. <i>Tuition is charged based on the days you schedule your child to attend.</i> No refunds for unattended days.		
			Week 1	May 28-31	M T W TH F
Please list any medications this child takes:			Week 2	Jun 3-7	M T W TH F
			Week 3	Jun 10-14	M T W TH F
Please indicate who is authorized to pick-up child:			Week 4	Jun 17-21	M T W TH F
			Week 5	Jun 24-Jun 28	M T W TH F
Name			Week 6	July 1-3	M T W TH F
			Week 7	July 8-12	M T W TH F
Relation			Week 8	July 15-19	M T W TH F
			Week 9	July 22-26	M T W TH F
_____			Week 10	July 29-Aug 2	M T W TH F
			Week 11	Aug 5-9	M T W TH F
_____			Week 12	Aug 12-16	M T W TH F
			Week 13	Aug 19	M T W TH F
How did you hear about Bronco Elite Gymnastics:					
T.V. Family Resource _____	T.V. Family Magazine _____	Parent's Guide _____	Birthday Party _____		
Google Search _____	Facebook _____	Website _____	Other (please list) _____		



Insurance Information:

Insurance Company Name	Group #	Subscriber's Name
Physician's Name	Phone #	

I hereby grant authority to the staff of Bronco Elite Arts & Athletics to render judgment concerning medical assistance or hospital care, in the event of an injury or illness during my absence, if I am unable to be contacted.

Photography **Yes** **No**

We like to display pictures and/or video of our program in action for promotional purposes. Please indicate if Bronco Elite Arts & Athletics is allowed to use your child's image for these purposes.

Permission to Transport **Yes** **No**

I give my child listed permission to be transported by Bronco Elite Arts & Athletics and their employees on field trips and any other planned group activities.

Shirt Size

T-shirt included with registration

Please order my child a child's size **S** **M** **L** **XL** (*choose one*).

I have read and understand pages 1-4 of the 2019 Policies and Procedures pages included with this enrollment packet.

Parent/Guardian's Signature _____ **Date** _____



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

In consideration of participating in the activities offered by Bronco Elite Arts & Athletics, LLC 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 Bronco Elite Arts & Athletics, LLC, 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.

Parent/Guardian Name (printed)

Parent/Guardian Signature

Today’s Date



Terms and Conditions

The following terms and conditions apply for all camp accounts

Tuition Payment

Tuition is due at the beginning of each week of scheduled attendance and will be charged through our auto pay system (see form at the back of this packet). ACH and Credit Card (*by request*) options are available.

A \$10.00 deposit is due at time of registration for each week of scheduled attendance. This deposit is non-refundable and will be deducted from your weekly tuition amount. Tuition is billed based on the days you schedule your child to attend camp.

Schedule Changes

Schedule Changes must be submitted in writing to the front desk each Wednesday, to be effective for the following week. As this directly affects your account, it is imperative that changes be submitted by the deadline. Verbal schedule changes with the teachers will not be accepted.

Drop-In Care

If care is required for days not previously scheduled by Wednesday deadlines, a \$48 per day drop-in fee will be charged and payable at time of drop-off. In order to ensure proper student to teacher ratios, a Drop-In Slip must be obtained from the front desk in order for your child to attend. Drop-In Care is subject to availability.

Absenteeism

Tuition refunds cannot be given if your child is out for a day they were scheduled to attend, as we schedule staff according to weekly enrollment.

Withdrawal Policy

To withdraw your child from Camp, prior to the end of camp, a Class Cancellation Form must be completed. If a child leaves the program without advance notice, payment on the account will be expected for the days scheduled.

Additional Charges

NSF Fee - \$20.00 will be charged for all returned items, including late fee if applicable.

Registration Fee - \$35 will be charged upon registration to our program. This fee is non-refundable.

Termination of Services

Bronco Elite Arts & Athletics reserves the right to terminate care at any time.

Collection of Fees

Bronco Elite Arts and Athletics reserves the right to pursue collection of unpaid accounts through a collection agency. If this becomes necessary, amounts due will be reported to the credit reporting agencies and the parent/guardian responsible for the account will be assessed any additional fees resulting from the collection process.

After Hours Policy

Please note that closing time is 6:00pm, if you pick up your child after that time, \$1.00 for each additional minute will be billed to your account.

By signing below, I acknowledge that I have read and understand the terms and conditions of this payment contract and agree to abide by all the above state terms. I also understand that I, the undersigned, am the person solely responsible for payment of this account regardless of any other parties involved (i.e. co-payer, ICCP, etc.).

For identification purposes only, please provide the following:

Child(ren) Last Name (if different from parent/guardian's)

Parent/Guardian Name (printed)

Parent/Guardian Social Security

Parent/Guardian Signature

Today's Date

Telephone Number

Email Address