

VICTORY ACADEMY SUMMER CAMP 2009

JUNE 1 – AUGUST 14

Kids are out of school and need some fun, high energy activities! Boys and girls, Kindergarten -6th grade, are invited for games, crafts, movies, gymnastics, and fun!!!

**ENROLLMENT DEADLINE: FRIDAY, MAY 15
MUST HAVE A MINIMUM OF 10 CAMPERS
ENROLLED.**

- Boys and girls ages K-6th grade
- Drop off begins 7:30am and activities begin 8:30am
- Pick up by 3:30pm
- Aftercare from 3:45pm-5:30pm
- Fun activities daily
- Bring your own lunch, snacks and drinks
- Registration fee due at the time of enrollment
- Tuition due by the 1st of the month
- There is a \$25 late fee applied after the 5th
- Tuition is a monthly fee. Please select the months of attendance

**2009-2010 Non-School Member
Prices
\$100 Registration fee
(T-SHIRT INCLUDED)**

Current Team Member..... \$250
Current Class Member.....\$300
Non-Member.....\$350
Daily Drop-in.....\$35
Weekly Drop-in.....\$125

**2009-2010 School Member Prices
\$100 Registration fee
(T-SHIRT INCLUDED)**

Level 4 and up.....\$150
Preteam/TKD Team.....\$225
Recreational Member.....\$275
Non-Member.....\$325
Daily Drop-in.....\$30
Weekly Drop-in.....\$100

**Circle Which Months You Will
Attend****

June

July

August*

**August tuition will be ½ price!*

Camp Closed the Following Dates

July 3

July 27-July 31

Aftercare Prices

June.....\$75.00

July.....\$75.00

August.....\$50.00

OR \$8.00/hour

**Aftercare Hours
3:45pm – 5:30pm**

****If your child is not attending the whole month, please indicate which days or weeks you plan to attend:**

Days July _____ Days June _____ Days August _____

Weeks of _____

I hereby authorize the staff of Victory Academy to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release the camp/school staff and Victory Academy from any and all liability for any injuries and illness incurred while at the camp. I understand that participation in gymnastics and various sports activities involves motion and as such carries with it the risk of injury. The camp is not responsible for personal items that are lost, stolen, or damaged. All medical expenses incurred will be the responsibility of the camper's family. In lieu of medical certificate signed by a medical doctor, I have no knowledge of any physical or medical impairment that would be affected by the named camper's participation in the camp program. I also understand the camp retains the right to use any photographs, videotapes, motion picture recording, or any other record of this event for publicity, advertising, or any legitimate purpose. I also understand that the camp tuition is due at the time of enrollment and my child will not be able to participate unless this fee is paid in full.

I understand that my child will be transported in teachers' personal vehicles. Victory Academy does not provide insurance in case of accident or injury. I may transport my child if I wish.

Child's Name _____ Age _____ DOB ____/____/____ Male _____ Female _____ T-shirt _____

Child's Name _____ Age _____ DOB ____/____/____ Male _____ Female _____ T-shirt _____

Address _____ City _____ State/ZIP _____

Parents' Name _____ Home Phone _____

Work/Cell – Mother _____ Father _____ Email (required) _____

Signature _____ Date ____/____/____

**NO REFUNDS AVAILABLE FOR SUMMER CAMP
AFTERCARE WILL BE PAID AT THE END OF THE MONTH**

Mother's Employer _____

Father's Employer _____

Individuals Authorized for Child Pick Up _____

Emergency Contacts

Be sure to include someone who will usually know your whereabouts

Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Child's Physician _____ Phone _____

Emergency Hospital Preference _____

Medical Conditions _____ Allergies _____

Special Instructions _____

Medical Treatment Permission and Release

In the event of an emergency occurring while my child is at a Victory Academy sponsored event, I grant my permission to Victory Academy and its employees to take whatever action necessary. In the event that I cannot be reached, I hereby authorize Victory Academy and/or its employees to give consent for my child, _____ to receive medical treatment. I also give consent for my child to be transported by a Victory Academy staff member.

Medical Insurance Information

Insurance Company _____ Policy Number _____

Parent's Signature _____ Date _____

*A copy of your insurance card must accompany this form.

If you DO NOT have Medical Insurance, you must sign below

We understand that it is Victory Academy's policy to require all students to be covered by primary insurance, and to provide proof to Victory Academy. We understand that because we have not provided proof of medical insurance, we are financially responsible for any injury incurred while at Victory Academy.

Mother Signature _____ Date _____

Father Signature _____ Date _____