

Louisiana Athletic Club SUMMER Kids Camp-2017

Amount paid
\$

LAC will be hosting TWO Summer Sessions for Lots of FUN for the kids. Plan now to assure your child a space. A Non-Refundable Deposit of \$25 per child is required for placement. Discount of \$5.00 given for siblings. Remaining balance is due on the first day of camp. Hours will be 7:30am-4:30pm, Monday-Friday. Cost will be \$115.00 for members & \$135.00 for nonmembers. A nutritional morning snack, lunch and afternoon snacks will be provided. Activities include: exercise classes, art, fitness competitions, swimming, and
DODGE BALL!

Please print all information and use a separate form for each child.

Participant Information:

Last Name _____ First _____ MI _____

Grade _____ Age _____ Birth Date _____ Boy/Girl _____

Address _____ City _____ State _____ Zip _____

Parent's Name(s) _____ Phone _____

In Case Of Emergency Notify:

Name _____ Relation _____ Phone _____

Is there anyone who is not allowed to pick your child up? _____

Medical Information and Authorization to Provide Medication:

Health Problems:

Allergies (include food allergies) _____

Diabetes _____ Asthma _____ Other _____

Are there any activities your child should be restricted from participating in?

Is your child currently taking any medication? Yes _____ No _____

If you wish the staff to administer this medication, you must provide the medication needed and sign this authorization for the staff to administer the medication.

Name of medication: _____ Time needed: _____ Dosage: _____

Child's Physician _____ Physician's Phone _____

Parent/Guardian Signature _____ Date _____

MEDIA. On my own behalf, and on behalf of the above child, I hereby consent to any photographs, video, or other media coverage of my child while receiving childcare services at Louisiana Athletic Club.

WAIVER OF LIABILITY AND INDEMNIFICATION. On my own behalf, and on behalf of the above child, I agree to waive, release and discharge Louisiana Athletic Club, its affiliates, subsidiaries, officers, directors, employees, independent contractors, representatives, volunteers, and successors or assigns (collectively referred to as "Louisiana Athletic Club") from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with the participation of childcare, including those allegedly attributed to the negligent acts or omissions of the Louisiana Athletic Club, or the negligent acts or omissions of me, any of the Children, other members, guests, visitors or other persons on the premises. I agree to defend, indemnify and hold Louisiana Athletic Club harmless against any and all claims brought by anyone against Louisiana Athletic Club related to such injuries, harms or damages.

I HAVE READ AND UNDERSTOOD THIS WAIVER OF LIABILITY, RELEASE AND ASSUMPTION OF RISK AND I UNDERSTAND THAT BY SIGNING IT I AM WAIVING VALUABLE LEGAL RIGHTS. I VOLUNTARILY ACCEPT AND AGREE TO ITS TERMS.

Parent/Guardian Signature _____ Date _____

A \$25.00 Deposit is required for each camp and for each child. ☺

Complete the following information.

*** Please circle- member/non-member

*** Please circle dates of camp you wish your child to attend-

Session I (July 10th-14th)

Session II (August 7th-11th)