

# ATMA Camp Registration

## PERSONAL INFORMATION: Please fill out completely – one form per child.

Please note camp subject to change depending on registration attendance.

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

School attend: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*Special Needs (Etc. Allergies, Medications):** \_\_\_\_\_

### Release and Waiver Liability

I release and hold Harmless ATMA, Masters, Instructors, employees hereafter the "Released Parties" from any and all liability for injury to my child caused in any manner, including the negligence of the released Parties, by my child's participation in any ATMA Program. ( ) Int.

I acknowledge that some ATMA programs are designed, through concentrate on the cardiovascular system, flexibility, balance, Coordination, muscle toning and endurance. The routines allow for a warm up and cool-down period, and children are advised to warm-up and Peace themselves during the course of routines. I acknowledge I have been advised to consult with my physician with respect to any past or Present injury illness cardiovascular problem, knee problem, or any other condition that may affect my child participation and ability to Participate in and endure the exercise program.

I further release the released Parties from any and all claims for loss or injury to personal property or for personal injury from any cause related to a ATMA program. ( ) Int.

I further acknowledge that ATMA may take or have taken still photographs and videotapes of participation in a program. These photographs may include images of participants to the activities, and specifically may include images of me or my child. I hereby give my unconditional consent, with no further consideration or notice to me, to any advertising or promotional use of such material, which may contain photographs or images of me or my child in it.

I acknowledge that ATMA in not responsible for escorting my child to class. ( ) Int.

### Medical Emergency Authorization:

In the event that reasonable attempts to contact me at the phone numbers listed above have been unsuccessful, I hereby give my consent for the camp director to secure medical treatment opinions of two physicians concurring in the necessity for medical treatment and are obtained Prior to the performance of such treatment. ( ) Int.

Parents or Guardian's Print Name: \_\_\_\_\_

Parents or Guardian's Signature: \_\_\_\_\_

# ATMA

## Summer Camp Fee

Early register by April 19<sup>th</sup> .....\$189 / per week / Sibling (\$139)  
 After April 19<sup>th</sup> ..... \$225 / per week / Sibling (\$169)

|  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• <b>Weekly : \$ 189 /139</b></li> </ul>            | <ul style="list-style-type: none"> <li><b>After April 19: \$225 /169</b></li> </ul> |
| <ul style="list-style-type: none"> <li>• <b>Daily price : ATMA Member: \$49</b></li> </ul> | <ul style="list-style-type: none"> <li><b>Non Member:\$59.00</b></li> </ul>         |

### Summer Camp Starting June 10<sup>th</sup>

| <input checked="" type="checkbox"/> |        | Period      | Camp Hours    | Please circle desired days | Camp fee |
|-------------------------------------|--------|-------------|---------------|----------------------------|----------|
| <input type="checkbox"/>            | Week 1 | 6/10 – 6/14 | 7:30 – 6:00pm | M T W TH F                 |          |
| <input type="checkbox"/>            | Week 2 | 6/17 – 6/21 | 7:30 – 6:00pm | M T W TH F                 |          |
| <input type="checkbox"/>            | Week 3 | 6/24 – 6/28 | 7:30 – 6:00pm | M T W TH F                 |          |
| <input type="checkbox"/>            | Week 4 | 7/1 – 7/5   | 7:30 – 6:00pm | M T W F                    |          |
| <input type="checkbox"/>            | Week 5 | 7/8 – 7/12  | 7:30 – 6:00pm | M T W TH F                 |          |
| <input type="checkbox"/>            | Week 6 | 7/15 – 7/19 | 7:30 – 6:00pm | M T W TH F                 |          |
| <input type="checkbox"/>            | Week 7 | 7/22 – 7/26 | 7:30 – 6:00pm | M T W TH F                 |          |
| <input type="checkbox"/>            | Week 8 | 7/29 – 8/2  | 7:30 – 6:00pm | M T W TH F                 |          |
| <input type="checkbox"/>            | Week 9 | 8/5 – 8/9   | 7:30 – 6:00pm | M T W TH F                 |          |
|                                     |        |             |               | Total fee                  |          |

\*Total Camp Fee: \_\_\_\_\_

\*Deposit: \$100(Not refundable): \_\_\_\_\_

\*Total balance: \_\_\_\_\_

\* PAID by:  CHECK  CARD  CASH