

STUDENT NAME _____ CURRENTLY ATTENDING SCHOOL AT _____ T-Shirt Size _____
 ADDRESS _____ CITY _____ ZIP _____ E-MAIL _____ Size: _____
 MAIN CONTACT PERSON _____ MAIN NUMBER _____ SECONDARY PHONE NUMBER _____

Please Mark Week(s)

Attending

Camp Hours 8am to 4pm

- | | |
|---|--|
| <input type="checkbox"/> June 29- July 2 | <input type="checkbox"/> \$325 per week (Price Enrolled After May 22, 2009) |
| <input type="checkbox"/> July 6-July 10 | <input type="checkbox"/> \$280 per week/Early Registration (Paid Before May 22, 2009) |
| <input type="checkbox"/> July 13-July 17 | <input type="checkbox"/> \$280 per week/ Sibling Discount (On The 2 nd Sibling Only) |
| <input type="checkbox"/> July 20-July 24 | |
| <input type="checkbox"/> July 27-July 31 | |
| <input type="checkbox"/> August 3-August 7 | <input type="checkbox"/> \$35/per week. Extended Hours 4:00pm-6pm |
| <input type="checkbox"/> August 10- August 14 | <input type="checkbox"/> \$15/per day |

HSH Summer Day Camp Program Cost (Grades K-8)

Discounts May Not Be Combined Only Applicable If Paid By
May 22, 2009

HSH Extended Care Option Available

VISA MASTERCARD AMEX CHECK # _____

CARD NUMBER: _____ EXP: _____

NAME ON CARD: _____

BILLING ADDRESS OF CARD HOLDER: _____

CITY: _____ ZIP _____

*3% Will Be Applied To All Credit
Card Charges

TOTAL:

SUMMER CAMP REGISTRATION & REFUND POLICY

- | | |
|--|--|
| 1. CAMP IS LOCATED AT THE HOLLYWOOD SCHOOLHOUSE & BROUGHT TO YOU BY:
CHAMPIONS SUMMER DAY CAMPS & BEST FRIENDS SUMMER CAMP
For more Information e-mail: alex@championsusa.com or bestfriendsla@aol.com | 3. REGULAR CAMP HOURS ARE FROM 8AM – 4:00PM DAILY.
*CAMP WILL BE CLOSED JULY 3, 2009 IN OBSERVANCE OF THE 4 TH OF JULY |
|--|--|

RELEASE OF LIABILITY and ASSUMPTION OF RISK

DUTY OF PARTICIPANTS: Some activities conducted by Good Sports Plus Ltd. doing business as Champions (hereinafter, "Champions") may be hazardous to participants. All participants have a duty to act as a reasonably prudent person when engaging in the activities offered by Champions.

ACKNOWLEDGMENT AND ACCEPTANCE OF RISK: I understand and acknowledge that the activities which I am about to voluntarily engage bear certain known risks and unanticipated risks which could result in injury, death, illness or disease, physical or mental, or damage to myself, to my property, or to spectators or other third-parties. I accept and assume all responsibility and risk for injury, death, illness, or disease, or damage to myself or to my property. My participation in this activity is purely voluntary; no one is forcing me to participate, and I elect to participate in spite of all known and unknown risks.

RELEASE: In consideration of the services and/or property provided, I, for myself and any minor children for which I am the parent, legal guardian, or other wise responsible, any heirs, personal representatives, or assigns, do hereby release Champions, its principals, directors, officers, agents, employees, and volunteers from any and all liability and waive any cause of action or complaint for any damage whatsoever arising from any cause whatsoever (except that which is gross negligence). I further agree to reimburse Champions for all attorney's fees and costs should I bring legal action against Champions and lose.

ENTIRE AGREEMENT: I understand that this is the entire Agreement between myself and Champions, its agents or employees, and that it cannot be modified or changed in any way by the representatives or statements of any employees of Champions or by me.

My signature below indicates that I have read this entire document and understand it completely and agree to be bound by its terms.

PICTURES: All pictures taken in connection with the Champions program are the sole and exclusive property of Champions and may be used in any promotional materials.

BEHAVIOR: Champions reserves the right to dismiss students whose behavior proves disruptive to other participants. In such cases a consultation will be held with all relevant parties before any action is taken. No refund will be offered in such cases.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY
REG. _____
PROCESSED BY: _____ DATE: _____

**Hollywood Schoolhouse Summer Camp
Registration Form**

Child's Name _____ Age _____ DOB _____ M F
Home Address _____ City _____ Zip _____

Parent 1- Name _____ Parent 2- Name _____
Home Phone (____) _____ Home Phone (____) _____
Work Phone (____) _____ Work Phone (____) _____
Cell Phone (____) _____ Cell Phone (____) _____
E-MAIL: _____ E-MAIL: _____
Child lives with: ___ Mother ___ Father ___ Both Other: _____

In case of an Emergency, whom do you wish us to notify if we cannot reach either parent?

Name Of Person	Relationship To Child	Phone Number
_____	_____	(____) _____
_____	_____	(____) _____

Child's Doctor/Physician: _____ (____) _____

Does your child wear glasses? YES NO Contact lenses? YES NO

Orthodontic braces? YES NO Condition of hearing? YES NO

Allergies to food or medication? YES NO If yes, explain: _____

Asthma? YES NO If yes, explain: _____

Name of persons(s) authorized to pick child up from camp (other than parents):

Name Of Person	Relationship To Child	Phone Number
_____	_____	(____) _____
_____	_____	(____) _____

- **In the event my child needs special accommodations, it is my responsibility to inform the camp director and counselors to arrange alternative options.**
- **I am aware of the possible dangers and injuries that may arise during my child(ren)'s participation in strenuous physical activity.**
- **I hereby affirm that my child is in good physical condition and does not suffer from any disabilities that would limit or prevent their participation in this athletic and physically exerting program.**
- **I understand that all fees are non-refundable and to receive the early bird discount payment must be paid in full by May 22, 2009**
- **In the event that my child will not be attending due to illness or absence due to personal reasons it is my responsibility to inform the Hollywood School House**

Parent/Legal Guardian Signature

Date