

REGISTERING FOR: All Camps are 4 weeks (consisting of 12 total class days). Camps with a Monday holiday will be prorated.

Camp 1 (Mon. Jan 3 rd – 26 th) *no camp on Mon Jan 15 - MLKjr Day	Camp 8 (Mon. July 29 th – Aug 23 rd) Camp 9 (Mon. Aug 26 th – Sept. 20 th)
$_$ Camp 2 (Mon. Jan 29 th – Feb. 23 rd)	*no camp on Mon Sept 2 –Labor Day
*no camp on Mon Feb 19th-President Day	Camp 10 (Mon. Sept 23 rd – Oct 18 th)
Camp 3 (Mon. Feb. 26 th – March 22 nd)	Camp 11 (Mon. Oct 21 st - Nov. 15 th)
*no camp week of March 25 th -spring break	Camp 12 (Mon. Nov 18 th - Tues, Dec. 18 th)
Camp 4 (Mon. April 1 st - 26 th)	*no camp Thu Nov 28 th
Camp 5 (Mon. April 29 th -26 th)	*Mon Dec 16 th will be an optional <i>extra pay</i> day since it is the 5 th Mon of
*no school week of May 27th for summer break	Camp
Camp 6 (Mon. June 3 rd -28 th)	*Tue Dec 17th will be included since are off Thur 28th for Thanksgiving
Camp 7 (Mon. July 1st -26 th)	
*no camp Thurs July 4 th –Independence	
Day	

STUDENT INFORMATION

Child #1 Name:		
First	Last	Gender
Child #2 Name:	Last	
	Date of Birth	Gender
Mother:	Mom Cell #: Dad	Mom Work <u>#</u> Dad
Father:		Work #
AddressStreet	Apt. # City	y Zip
Email Address:		
Others authorized to pick up or contact i	in case of emergency: (other than parents)	
Emergency Contact Name:	Phone #	Relationship to child:
Emergency Contact Name:	Phone #	Relationship to child:

SELECT YOUR PROGRAM

Cost is all-inclusive! No other fees or taxes unless paying with cc Please check all that apply: ** Younger siblings receive a 1 Morning 8:30 - 12:30 PM \$125 /month \$20 off discount /camp for 2 day campers (M) 2 Mornings (T/Th) 8:30 - 11:30 AM \$ 205 /month \$30 off discount /camp for 3 day campers 2 Mornings (T/Th) 8:30 - 12:30 PM \$ 250 /month 3 Mornings (M/T/Th) 8:30 - 12:30 PM \$ 345 /month (M/T/W/TH) \$470 4 Mornings 8:30 - 12:30 PM /month 5 Mornings (M/T/W/TH/F)8:30 - 12:30 PM \$ 570 /month

Registration of initial session requires BOTH of the following:

SING

1. Payment for first 4-week camp by Cash, Check, or CC.

2. Sign Auto-Draft contract for scheduled 4-week payments of subsequent camps. (you may disenroll anytime with 15-day notice)

MOVE

CREATE

MEDICAL INFORMATION

Phone:	Hospital Preference:			
	Policy #:			
Any known allergies?				
when having an allergic reactio	n?			
health information:				
Give any further information, which you feel would be helpful in understanding your child:				
	Any known allergies? when having an allergic reaction health information:	Any known allergies?		

COMMITMENT

<u>Withdrawal and Refund Policy</u>: Bounce n' Boogie, LLC charges a fee equal to 20% of the camp tuition whenever a child is withdrawn or cancels out of the initial camp being registered for, prior to 5 days before the start date of the camp. Tuition paid, minus the 20% fee, will be refunded if the Bounce n' Boogie, LLC program director receives a request five business days prior to the first class date of the camp. If a child is withdrawn from the camp any time after 5 days prior to the start date of the camp tuition will be charged. Assessed from the notice of withdrawal date, any unused tuition paid, minus the 50% fee will be refunded.

Upon initial registration of camp, payment of first camp tuition is due along with a signed auto check-draft form authorizing Bounce n' Boogie, LLC to draft camp tuition payments for continuous enrollment in ActiveME camps. A 15-day written notice is required to disenroll from ActiveMe Camp to avoid any future charges.

<u>Acknowledgment of Risk of Injury & Liability; Authorization for Emergency Medical Transportation:</u> I understand that there is an inherent element of risk of injury that exists in the activities and programs in which my child will engage during the Bounce n' Boogie, LLC ActiveME Camps. In signing this registration form, I do hereby expressly acknowledge the potential for risk of injury associated with my child's participation in the program.

On behalf of my child and myself, and in consideration of my child's participation in Bounce n' Boogie, LLC ActiveME Camps, I hereby indemnify and hold harmless Bounce n' Boogie, LLC, its employees, agents, and Trustees from and against any and all claims related to injury or accident involving my child. Further, I request that I be contacted within a reasonable time in the event of illness or injury requiring medical services. In the event a parent or guardian cannot be contacted, I hereby designate the Bounce n' Boogie, LLC faculty and administration or designee to act in my behalf to authorize such hospitalization, medical attention, or surgery as may be required in an emergency because of illness or injuries sustained by my child while participating in a Bounce n' Boogie, LLC activity. In the event my child's parent or guardian cannot be reached and the situation calls for medical attention, I recognize and relinquish our responsibility to a practicing physician and/or medical personnel acting in the best interest of my child. I hereby assume financial responsibility for any hospitalization, medical attention, emergency transportation and surgery provided.

Bounce n' Boogie, LLC has my permission to use my child's photograph for advertising and marketing materials. I agree that I have read the Bounce n' Boogie, LLC ActiveME Camp Handbook. I understand the policies of this facility and agree to abide by them.

Parent Printed Name:

Parent Signature:

Bring completed registration forms with payment to: Make checks payable to Bounce n' Boogie, LLC

> 4210 Carlisle Blvd. NW Albuquerque, NM 87107

Director/ Owner: Yaya Cabrera (505) 453-3314 www.bouncenboogie.com bouncenboogie@yahoo.com

Bounce n' Boogie, LLC does not discriminate against applicants on the basis of race, color, sex, national or ethnic origin.

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Date:_____