



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

STUDENT INFORMATION

Emergency Contact Name: _____ # _____ Relationship to child: _____

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CREATE

MEDICAL INFORMATION

Physician: _____ Phone: _____ Hospital Preference: _____

Insurance Company: _____ Policy #: _____

Are shots up to date? _____ Any known allergies? _____

What symptoms does your child display when having an allergic reaction? _____

Special needs, disabilities, or additional health information: _____

Give any further information, which you feel would be helpful in understanding your child: _____

COMMITMENT

Withdrawal and Refund Policy: Bounce n' Boogie, LLC charges a fee equal to 20% of the camp tuition whenever a child is withdrawn or cancels out of the initial camp being registered for, prior to 5 days before the start date of the camp.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 If a child is withdrawn from the camp any time after 5 days prior to the start date of the camp, a fee equal to 50% of the camp tuition will be charged.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.

Acknowledgment of Risk of Injury & Liability; Authorization for Emergency Medical Transportation: 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: _____ **Date:** _____

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

**4210 Carlisle Blvd.
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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