Leaders Summer Camp

Registration Form

Date: 02/18

Student: M ( ) F ( )	**Parent or Guardian Name(s):**	**Home Address & Email**
Name: **Date of Birth:** / /		Address: Email:

School / Grade	**Parent's Cell Phone**	**Emergency Contact / Physician**
School: _____ **Grade by Sept.** _____	Cell: _____ Work: _____ Home: _____	Dr. _____ # _____ Emergency Contact: Name _____ # _____

Pick Up Authorization	**Size of Camp Shirt**	**Health / Medical Condition / Allergies**
Name (*other than parents*) Phone #	Child: S M L Adult: S M L XL Sibling Registered / Grade: _____ _____	*My child does not have any Allergic / Medical condition exist. Parent /Guardian Signature* _____ If any, Please specify below:

	Program	**Cost**
Full Day		
Half Day	AM or PM	
Mini Camp	/ - /	
Adjustment		
Payment		

Accepted by: _____

Doctor signed & Parent signed Health Forms_____ PM Activity Selection_____

Trip sign-up sheet_____ Tuition & Fees _____ Signed trip consent form_____

Notes:

Parental Consent

By signing this form, I hereby agree to the policies and procedures listed in the Leaders Summer Day Camp parents' manual as well as the terms and conditions list on our website & in the registration form. I am agree to relieve Aspiring Leaders Enrichment Center, referred to as "ALEC" and its dba, Leaders Summer Day Camp (or Leaders SC or LSC), and its officers, staff & Volunteers from all responsibility for any incident resulting from providing services to my child. I further consent that I will not hold ALEC and its affiliates liable and I will not engage in any litigation against their officers, staff & Volunteers. I assure Aspiring Leaders Enrichment Center/ Leaders Summer Day Camp that my child is in good health, has no pre-existing medical conditions that prevent him/her from all camp activities. I have read & understand this waiver/consent clause and I am the parent/legal guardian, with legal power to sign this document for this registering child.

Terms & Conditions

Parent/Guardian grant permission to ALEC to use campers/parents picture, video taken during camp activities in print or digital format for informational, promotional, training & advertising purpose. Registration fees are non-refundable. Refund processing fee $40/per child. No refund after **June 1st**. Return check fee $30.*No refund for sick days or absence for any reasons.

Name: _____

Sign: _____

Relationship to child:_____

Date: _____

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