Leaders Summer Camp

Registration Form

Date:

Camper: 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: _____ Cell: _____ Home: _____	Dr. _____ # _____ Emergency Contact: Name _____ # _____

Pick Up Authorization	**Camper's T 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:

	For Office Use Only			**Cost**
Program	Full Day	Half Day (AM/PM)	Week of 1234567	
Trips				
Sub-Total				
Adjustment				
Total				
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 listed on our website & in the registration form. I 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 for my child. I further consent that I will not hold ALEC and its affiliates liable and 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 them 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: _____

Leaders Summer Camp is licensed by the NY DOHMH and is inspected twice yearly. The inspection reports are filed with the NYCDOH at 253 Broadway, 6 Fl. New York, NY 10007

718-357-6524 718-286-9860 917-567-4737

www.LeadersSummerCamp.com 45-52 193rd st, Flushing, NY 11358 (office) LeadersSummerCamp@gmail.com