



Camp Registration

5 Graphics Drive | Ewing NJ 08628
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Student information

Family Name _____ Computer Input Date _____

Street Address: _____ Home Tel: () _____

City: _____ State: _____ Zip: _____

Child's Name _____ Gender M F Age ____ DOB ____/____/____

Does this child have any special needs? _____

Medical conditions or allergies to which we should be alerted? _____

Child's Name _____ Gender M F Age ____ DOB ____/____/____

Does this child have any special needs? _____

Medical conditions or allergies to which we should be alerted? _____

Mom's Name: _____ Place of Business: _____ Occupation: _____

Work Phone: () _____ Mom's Cell: () _____ Mom's Email: _____

Dad's Name: _____ Place of Business: _____ Occupation: _____

Work Phone: () _____ Dad's Cell: () _____ Dad's Email: _____

How did you learn about Schafer Sports? (If word of mouth from whom?) _____

Has anyone in your family previously been enrolled at Schafer Sports? No Yes Month/Year ____/____

Camp Enrollment and Payment Policies

Understanding of Policies: I have read, understand, and agree with the following policies (**see summer camp policies**):

Enrollment: In order to be enrolled in camp, Schafer must either receive payment in full or a \$150 (non-refundable) deposit at sign-up. The deposit will cover the registration fee (see below) and go toward your first session. Initial Here _____

Tuition: For those that choose not to pay in full, you can pay for the camp sessions weekly. You must be enrolled in the Automatic Payment Plan with a credit or debit card. The camp fee will run on Monday morning 2 weeks ahead of the scheduled camp. (See chart in the summer camp policies) Initial Here _____

Registration: An annual registration fee (\$30/Single or \$45/Family) is paid when you initially enroll and every year on the anniversary month of your original enrollment. Initial Here _____

Cancellation & Changes: Refunds for cancelled sessions are based on the date in which we are notified. (see chart in the summer camp policies). In the event of an absence, you may be able to make it up if there is availability. Initial Here _____

Payment: (Information entered through the office directly into billing website.) I give Schafer Sports Center permission to bill my credit or debit card on the Monday 2 weeks ahead of my scheduled camp week. (See payment chart) Initial Here _____

Authorized Signature _____ Date ____/____/____ Staff Initial _____

Assumption of Risk • Waiver of Liability • Medical Authorization

We, the staff of the Schafer Sports Center, LLC, recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, trampoline, cheerleading and dance. In sports, or activities involving height or motion, students may suffer injuries, possibly serious, or catastrophic in nature, including permanent paralysis or death.

I fully understand that the Schafer Sports Center, LLC and its staff members are not physicians or medical practitioners or any kind. With the above in mind, I hereby release the Schafer Sports Center, LLC staff to render temporary first aid to my child/children in the event of any injury or illness, and if deemed necessary by the Schafer Sports Center, LLC staff to seek medical help, including the calling of an ambulance for transport to a hospital for said child, should the Schafer Sports Center, LLC staff deem this to be necessary.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child/children participate in the programs offered by the Schafer Sports Center, LLC. I, my executors or other representatives waive and release all rights and claims for damages that I or my child may have against the Schafer Sports Center, LLC and or its representatives whether paid or volunteer.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

Authorized Signature _____ Date ____/____/____