



Step Ahead of South Florida, Inc., est. 1996
 South Florida's Premiere Cheer Training Facility
 National Champions Since 1998

SUMMER CAMP 2020

SESSIONS: June 8-12, June 15-19, June 22-26, July 6-10, July 13-17

The first two sessions must be secured by June 1st. Additional sessions based on number of requests.

HOURS: 9AM-4PM (Monday-Friday) \$155/week*

Early drop-off (8AM-9AM) \$10/week Aftercare (4PM-5PM) \$10/week. Sibling discount: *2nd child or more, \$145/week
 Pay for 3 sessions in full by June 1st and save \$20 on your 4+ camp sessions.

ACTIVITIES: Tumbling, Stretch and Flexibility, Core Conditioning, Jumps, Dance, Cheer Motions and Performance, TikTok 101, Guest Instructors, Crafts, and more

-Due to **COVID-19**, all the activities will be conducted **physically distant** as directed by the CDC. As a result, enrollment will be limited and confirmed on a first-come-first-serve basis.

-In order to secure your weeks, a **\$50 deposit** is required for each session and final balance is due 7 days prior to each session.

-We are limiting camp enrollment to our athletes. Summer Camp is non-refundable. **Deposits may be transferred** to a future session if we are notified 7 days or more in advance.

-We forecast and plan the number of staff required, activities, camp supplies, guest instructors, and added hygiene requirements based on your commitment.

-For the safety of our athletes and staff, camp doors will be locked at 9:15AM. Late arrivals, please call for entry.

-Bring lunch, snacks, and water. Water fountain use is prohibited. However, staff can refill water bottles from fountain.

-Please fill out the form below and submit via email with copy of credit card to stepaheadstars@yahoo.com. Cash or Check accepted, minimum 7 days prior to each session. Email us to arrange Cash or Check payment.



SUMMER 2020

Name of Participant: _____ Date of Birth: ___/___/_____

Parent/Guardian: _____ email: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Parent Cellular: _____

Registering for: ___ (6/8-6/12) ___ (6/15-6/19) ___ (6/22-6/26) ___ (7/6-7/10) ___ (7/13-7/17)

Interested in additional weeks? If so, please list dates and we will notify you. _____

Total Amount Due \$ _____ Deposit paid \$ _____ Balance \$ _____

Form of Payment: Cash / Check # _____ / VS MC DS _____ Exp: ___/___ CVV _____

Billing Address: _____ City: _____ Zip: _____

Name as it appears on card: _____ Signature: _____

I agree to indemnify and hold harmless Step Ahead of South Florida, Inc. and their owners, officers, directors, employees, representatives, agents, successors, and assignees from and against any and all claims or liabilities to my child, myself, or anyone else for any injury or illness whatsoever, including without limitation, injuries to my child, myself and/or property arising out of incident to my child's participation in Step Ahead of South Florida, Inc.

Parent/Guardian Name: _____ Signature: _____