

Louisiana CheerNastics, LLC
9744 St. Vincent Ave. Shreveport, La. 71106
Summer Day Camp 2018 Registration Packet

We are delighted you have chosen to consider our fun camps this summer! We are looking forward to another great and exciting summer with friends both old and new! Please read, understand and fill out ALL information in this packet!

Camper Information

Camper Name: _____ Age: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent Information

Parent/Guardian Name: _____

Home Phone: _____ Cell: _____

Parent's Email: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell: _____

Parent's Email: _____

Emergency Contact(s)

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Important Information

- **Camp Hours:** 8am to 5pm (Early Drop Off 7:30am & Late Pickup 5:30pm)
- Parents to provide lunch daily. Snacks are available daily for purchase.
- **February** Registration = \$125 per camper weekly
- **March** Registration = \$135 per camper weekly
- **April & Beyond** = \$145 per camper weekly
- \$10 Sibling Discount. Same source of payment is required for this discount.
- \$10 Rebel Team Member Discount
- Character Qualities that will benefit our campers as they grow are taught weekly with bible devotions and age appropriate examples/lessons.
- Field Trip Costs ARE included in the weekly prices
- Field Trip Schedule can be viewed and printed at www.lcncheer.com - "Summer Day Camps"
- Spots are limited in Summer Day Camps. Early registration is recommended.

NEEDED FOR REGISTRATION

1. Completed Registration Packet
2. Full balance of first week of camp for each camper
3. \$15 deposit per family for each additional week you wish to reserve and lock in weekly rate

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2018 Summer Day Camps

Weeks available for registration: (Please **Initial** by the weeks you are registering and paying for)

- _____ 1. May 21 – 25
- _____ 2. May 29 – June 1
- _____ 3. June 4 – 8
- _____ 4. June 11 – 15
- _____ 5. June 18 – 22
- _____ 6. June 25 – 29
- _____ 7. July 2 -- 6
- _____ 8. July 9 – 13
- _____ 9. July 16 – 20
- _____ 10. July 23 – 27
- _____ 11. July 30 – Aug. 3
- _____ 12. August 6 -- 10

Day Camper Name: _____

The information provided above is accurate and I acknowledge that the weeks I have initialed above are the weeks that my child is scheduled to attend Summer Day Camps at Louisiana CheerNastics. I understand that by reserving/holding a spot on the day camp roster, I am hereby responsible, regardless of attendance, for full payment of the remaining balance of each week that I have reserved.

I am aware and give permission to Louisiana CheerNastics to automatically withdraw balances for Summer Day Camp fees from my credit or debit card information I have provided on this form. I am aware that the remaining balances of fees are to be withdrawn on the Friday prior to the week(s) for which a \$15 deposit has been paid to secure a spot for my child/family. If a transaction is returned for insufficient funds (declined), a \$25.00 NSF fee will be added to the account and Day Camp participation will be suspended until all fees are paid in full. I am aware that all payments for Summer Day Camps are non-refundable and non-transferrable. By my signature I, (parent/card holder) _____ understand and am in agreement with the points mentioned in this payment agreement and will honor this agreement for the duration and times that I have agreed to and initialed above.

Parent/Guardian/Card Holder Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Billing Information for automatic draft:

All fields must be completed for application to be accepted.

Name (as it appears on card): _____

Cardholder's relationship to participant: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone numbers Cell: _____ Home: _____

Email Address (for receipt): _____

Amount to be drafted each week: _____ Card Type: _____

Card Number: _____ Exp. Date: _____

(Please inform us promptly of any changes to the information above)

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Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement (“AGREEMENT”)

In consideration of participating in programs at Louisiana CheerNastics I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releases” named below: and that there may be other risks either not known to me or not readily foreseeable at this time: and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity. I hereby release, discharge, and covenant no to sue Louisiana CheerNastics, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on

my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand I have given up substantial rights by signing it and have signed it freely and with out any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, not withstanding, shall continue in full force and effect.

Printed Name of participant

Date

Signature of participant

PARENTAL CONSENT

And I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE HOLD HARMLESS each of the Releasees (mentioned in above section) from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, cost any Releasee may incur as the result of any such claim.

Printed name of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Louisiana CheerNastics, LLC
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Medical & Photo/Video Release Form

Camper Name: _____ DOB: _____

Physical Handicaps: _____

(Specify body parts, weaknesses, weight problems, physical impairments, etc.)

Chronic Ailments:

_____ Asthma _____ Circulatory or Heart Problems _____ Diabetes _____ Epilepsy
_____ Hemophilia/other bleeding problems _____ Other (Specify) _____

Psychological Handicaps: (fears, anxieties, etc.)

Allergies:

_____ Penicillin _____ Peanuts
_____ Insect Bites _____ Other (specify) _____

Accident/Health Insurance Information:

(Please attach a copy of child's health insurance card)

Company: _____ Policy #: _____
Preferred Physician: _____ Phone: _____

Emergency Agreement:

In case of emergency, I hereby give permission to the physician selected by my child's cheerleading/day camp coach/instructor to hospitalize and secure proper treatment for my child, as named above (NOTE: There would always be attempted parent contact first).

Parent/Guardian's Signature: _____ Date: _____

Photo/Video Release:

I hereby give permission for images of my child captured during regular and special activities through video, photo and digital camera, to be used solely for the purposes of Louisiana CheerNastics promotional material and publications, and waive any rights of compensation or ownership thereto.

Name of Parent/Guardian (Please Print): _____

Parent/Guardian's Signature: _____ Date: _____

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Transportation and Movie Permission Form

Transportation Permission;

I understand that my child will be transported by van/vehicle to and from certain events that are involved with the Louisiana CheerNastics Summer Day Camps. I, the parent or guardian of (please print) _____, give permission for the Staff of Louisiana CheerNastics to transport my child to and from the scheduled activities of the LCN Summer Day Camps. I also understand that this falls under the activities mentioned in the Release and Waiver of Liability Agreement in this packet and therefore hold harmless Louisiana CheerNastics and each of its Releasees from all liability, claims, demands, losses or damages, on my child's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from an litigation expenses, attorney fees, loss liability, damage, and cost that any Releasee may incur as the result of any such claim.

Parent Signature

Date

Printed Name of Parent

Movie Permission;

My child, _____, has permission to watch child-appropriate G or PG Rated movies at Louisiana CheerNastics Summer Day Camps.

Parent Signature

Date

Printed Name of Parent