

**Louisiana CheerNastics**  
9744 St. Vincent Ave. Shreveport, La. 71106

Summer Day Camp 2019  
Registration Packet

We are delighted you have chosen 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 for \$1.
- **February** Registration = \$115 per camper weekly
- **March** Registration = \$125 per camper weekly
- **April & Beyond** = \$135 per camper weekly
- **\$10 Sibling Discount.** Same source of payment is required for this discount.
- **\$10 Rebel Team Member Discount**
- Weekly character trait themes (Obedience, Honesty, Etc.). Daily bible devotions and age appropriate examples/lessons to reinforce weekly themes.
- Field Trip Costs ARE included in the weekly prices
- Field Trip Schedule can be viewed and printed at [www.lcncheer.com](http://www.lcncheer.com) - "Summer Day Camps" before the summer begins (Shooting to have field trip schedule by end of March)
- Spots are limited in Summer Day Camps. Early registration is recommended.

**NEEDED IN OFFICE 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 (this is based on which month you register)

**Louisiana CheerNastics**  
9744 St. Vincent Ave. Shreveport, La. 71106

**Weekly Registration Dates and Payment Information**

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

- \_\_\_\_\_ 1. May 20 – 24
- \_\_\_\_\_ 2. May 28 – 31 (Closed Memorial Day, May 27th- Pro-rated week)
- \_\_\_\_\_ 3. June 3 – 7
- \_\_\_\_\_ 4. June 10 – 14
- \_\_\_\_\_ 5. June 17 – 21
- \_\_\_\_\_ 6. June 24 – 28
- \_\_\_\_\_ 7. July 1 – 3 (Closed 4th & 5th- Pro-rated week)
- \_\_\_\_\_ 8. July 8 – 12
- \_\_\_\_\_ 9. July 15 – 19
- \_\_\_\_\_ 10. July 22 – 26
- \_\_\_\_\_ 11. July 29 – Aug. 2
- \_\_\_\_\_ 12. August 5 – 9

**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.

**Initial** \_\_\_\_\_

- 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 to LCN.

**Initial** \_\_\_\_\_

- 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.

**Initial** \_\_\_\_\_

- I am aware that all payments for Summer Day Camps are non-refundable and non-transferrable.

**Initial** \_\_\_\_\_

- By my signature I, (print 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:** \_\_\_\_\_

**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)

**Louisiana CheerNastics**  
9744 St. Vincent Ave. Shreveport, La. 71106

**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**  
9744 St. Vincent Ave. Shreveport, La. 71106

**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.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Louisiana CheerNastics**  
9744 St. Vincent Ave. Shreveport, La. 71106

**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