

Camp GYMtastic Registration 2009

M / NM

Child (1) _____ Age _____ D.O.B. _____
 Child (2) _____ Age _____ D.O.B. _____
 Mom _____ Work Phone(____) _____ Cell Phone(____) _____
 Dad _____ Work Phone(____) _____ Cell Phone(____) _____
 Address _____ City _____ Zip _____
 Email Address _____ Home Phone Number _____
 How did you hear of us? ___Magazine ___Newspaper ___Friend ___Other _____

Child 1

Child 2

Week (please circle)	Half Day/Full Day	Swim	Week (please circle)	Half Day/Full Day	Swim
(1) May 26-May 29*	Half Day/Full Day	Yes/No	(1) May 26-May 29*	Half Day/Full Day	Yes/No
(2) June 1-June 5	Half Day/Full Day	Yes/No	(2) June 1-June 5	Half Day/Full Day	Yes/No
(3) June 8-June 12	Half Day/Full Day	Yes/No	(3) June 8-June 12	Half Day/Full Day	Yes/No
(4) June 15-June 19	Half Day/Full Day	Yes/No	(4) June 15-June 19	Half Day/Full Day	Yes/No
(5) June 22-June 26	Half Day/Full Day	Yes/No	(5) June 22-June 26	Half Day/Full Day	Yes/No
(6) June 29-July 3	Half Day/Full Day	Yes/No	(6) June 29-July 3	Half Day/Full Day	Yes/No
(7) July 6-July 10	Half Day/Full Day	Yes/No	(7) July 6-July 10	Half Day/Full Day	Yes/No
(8) July 13-July 17	Half Day/Full Day	Yes/No	(8) July 13-July 17	Half Day/Full Day	Yes/No
(9) July 20-July 24	Half Day/Full Day	Yes/No	(9) July 20-July 24	Half Day/Full Day	Yes/No
(10) July 27-July 31	Half Day/Full Day	Yes/No	(10) July 27-July 31	Half Day/Full Day	Yes/No
(11) Aug. 3-Aug. 7	Half Day/Full Day	Yes/No	(11) Aug. 3-Aug. 7	Half Day/Full Day	Yes/No
(12) Aug. 10-Aug. 14	Half Day/Full Day	Yes/No	(12) Aug. 10-Aug. 14	Half Day/Full Day	Yes/No

These sessions will be prorated at time of registration
 Arizona Sunrays will be closed for the following dates... Memorial Day Monday, May 25, 2009

Registration Policies

(You must initial all statements and sign the bottom of this section to participate in Arizona Sunrays Summer Camp)

- ____ I understand that my camp deposit of \$25.00 per child/per session is nonrefundable and nontransferable.
 ____ I understand that any changes made to a sessions after registration will result in a \$10.00 fee (ex. Switching from half day to full day)
 ____ I understand that there are no Make-Ups or Refunds for missed camp days.
 ____ I understand that my camp balance is due 1 month prior to the start of my camp session or I will lose my child's spot.
 ____ I understand that photos taken at Arizona Sunrays may be used for advertisement purposes.

 Parent Signature

 Date

CAMP PRICES

- \$10.00 Annual Camp Registration Fee (non-gym members only)
- \$25.00 deposit (applied to total payment) per session, per child (**Non-Refundable/Non-Transferable**).

Half Day Camp \$145.00 Full Day Camp \$210.00

(There is an additional fee of \$25.00 per session for swimming. Swimming is optional, ages 3-7 only)

PAYMENT

Registration may be submitted in person, by mail or by fax. Cash, Check, Visa and Mastercard Accepted.

Registration WILL NOT be taken over the phone. \$25.00 deposit due at time of Registration.

Balance will be charged to your credit card 1 month prior to start of each enrolled session.

If paying by CASH or CHECK balance is due 1 month prior to the start of each session.

Any payment received after the due date is subject to a \$20.00 late fee.

Please make checks payable to: Arizona Sunrays

Credit Card Number _____ Exp. Date _____

Authorization _____

Allergies & Medical Conditions

Please give us a list & describe any allergies or known medical conditions that we should be aware of.

For Campers with Allergies

*Does child require the use of allergy medications (Benadryl) for minor reactions or an EpiPen for serious reactions? Yes/No
If yes, please specify medications _____*

All medications will require a doctor's prescription & must be in its original package with camper's name clearly marked on it.

Extended Care

Extended Care is offered on ALL camp days from 7:30 a.m.—8:30 a.m. & 3:00 p.m.—5:00 p.m.
48 hour pre-registration is required for extended care.
Rates: \$2.75 per half hour & \$5.00 per half hour (without pre-registration)

Evening Pick Up Ends at 5:00pm. You will be charged \$1.00 per minute thereafter.

You must have a completed Extended Care Form on file. You can download a sign-up form on our website.

Buddy Request

(This is a request for your camper to be with 2-3 other friends. We will try our best to place your child with those you have requested but note that certain circumstances may prevent us from granting these requests).

1. _____
2. _____
3. _____

Curb Side Drop Off and Pick Up

I give permission to the staff of Arizona Sunrays to sign my child in and out of Summer Camp using the Curb Side Drop Off and Pick Up System. I understand that my child/children will only be released to persons that are on file with Arizona Sunrays.

Parent Signature

Date

Additional Pick Up Release

I have authorized the following person(s) to pick up my child/children from Arizona Sunrays Summer Camp 2009.

Name: _____

Name: _____

Telephone: _____

Telephone: _____

Parent Signature _____ Date _____

For official use only:

Registration taken by: _____ **Date Received:** _____ **Email:** _____

Swim Survey: YES/NO
Extended Care: YES/NO

Policies and Procedures: YES/NO
Buddy List: YES/NO

Medication: YES/NO
Allergies: YES/NO