



2011 DOWN UNDER CENTER CAMP REGISTRATION FORM

_____ Kid's Club Member _____ LRAC Member _____ Non-Member

Child's Name: _____ Age: _____

Date of Birth: _____ Sex: M F

Mother's Name: _____ Father's Name: _____

Street Address: _____ Zip: _____

Mother's Day Phone: _____ Father's Day Phone: _____

Dates	Camp	CIRCLE Days Child Will Attend	Deposit*	Date Paid
May 31 - June 3	IronKids – Exploring Arkansas	M TU W TH F	\$50	
May 31 - June 3	Lil' Joey – Exploring Arkansas	M TU W TH F	\$50	
June 6 – June 10	IronKids - Splash-N-Fun	M TU W TH F	\$50	
June 6 – June 10	Lil' Joey - Splash-N-Fun	M TU W TH F	\$50	
June 13 – 17	Soccer Camp	M TU W TH F	\$50	
June 13 – 17	Mini Sports Camp	____ Half Day M TU W TH F	\$15	
		____ Full Day M TU W TH F	\$50	
June 20 - 24	IronKids - World of Discovery	M TU W TH F	\$50	
June 20 – 24	Lil' Joey – World of Discovery	M TU W TH F	\$50	
June 27 – July 1	Basketball Camp	M TU W TH F	\$50	
June 27 – July 1	Mini Basketball Camp	____ Half Day M TU W TH F	\$15	
		____ Full Day M TU W TH F	\$50	
July 5 – July 8	IronKids – Drama Masquerade	M TU W TH F	\$50	
July 5 – July 8	Lil' Joey – Drama Masquerade	M TU W TH F	\$50	
July 11 – 15	Sports & More Camp	M TU W TH F	\$50	
July 11 – 15	Mini Sports Camp	____ Half Day M TU W TH F	\$15	
		____ Full Day M TU W TH F	\$50	
July 18 – 22	IronKids – Pirate Treasure	M TU W TH F	\$50	
July 18 – 22	Lil' Joey – Pirate Treasure	M TU W TH F	\$50	
July 25 – 29	IronKids – Around the World	M TU W TH F	\$50	
July 25 – 29	Lil' Joey – Around the World	M TU W TH F	\$50	
August 1 – 5	IronKids – All Star Fun	M TU W TH F	\$50	
August 1 – 5	Lil' Joey – All Star Fun	M TU W TH F	\$50	
August 8 – 12	IronKids – Summer Finale	M TU W TH F	\$50	
August 8 – 12	Lil' Joey – Summer Finale	M TU W TH F	\$50	

* Non-Refundable deposit required for each camp child attends. **TOTAL DEPOSIT PAID**

Medical Information

Person to contact in case of emergency if parents cannot be reached: _____
Phone(s): _____ Relationship to child: _____
Doctor's Name: _____ Phone Number: _____
Emergency Room of choice: _____
Allergies, medications, special conditions including but not limited to asthma, diabetes, sun sensitivity, seizures or fainting spells (please provide specifics): _____

Will the LRAC need to dispense medication? (circle one) YES NO

Pick-Up Authorization

_____ My emergency contact is authorized to pick-up my child from the LRAC.

Other adults authorized to pick-up my child from the LRAC include:

Name	Relationship	Address	City/State/Zip	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Swimming

An American Red Cross certified lifeguard is on duty during all camp swimming activities at the LRAC. To further ensure the safety of all children, we follow a strict staff/child ratio at all times.

_____ My child is able to swim by himself/herself and I give him/her permission to do so during camp.

_____ My child is not able to swim by himself/herself. I request that he/she wear a lifejacket while swimming during camp.

_____ My child may not participate in swimming activities during camp.

Discipline

The LRAC reserves the right to remove a child from any program or activity if the child's behavior jeopardizes his/her own safety, that of others, or is so disruptive that the enjoyment of other participants is diminished.

The LRAC uses "timeout" to encourage good behavior. A child who must take a timeout will be removed from participation and is required to sit alone quietly for 1 minute for each year of age, i.e., a five year old would incur a 5 minute timeout whereas an eight year old would sit for eight minutes. This policy will be clearly explained to each child at the beginning of camp. Parents will be informed on a daily basis if their child was put in timeout. Continuous behavioral problems may result in removal from camp.

Waiver Statement

I agree to assume full risk and to waive, relinquish and release all claims I and or the participant may have against, indemnify, hold harmless and defend the Little Rock Athletic Club. This release includes as well LRAC officers, agents, servants and employees from any such claims resulting from injury, damages or loss sustained on account of participation in LRAC camps. On behalf of the participant, I acknowledge the existence of risks in connection with camp activities, assume such risks and agree to accept the responsibility for any injuries sustained by the participant. I understand that every precaution is taken to protect the safety of each participant and agree to emergency treatment by a physician or hospital in the event that I or the emergency contact listed cannot be reached.

My signature conveys

- I authorize the LRAC to draft my camp fees as indicated on my *Payment Information* page which will be shredded;
- I give my consent for my child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in the case of an emergency when a parent or guardian cannot be reached. Consent is also given for an LRAC employee or his/her duly appointed representative to transport my child for emergency medical treatment in said situation;
- I have accurately described my child's swimming ability and clearly indicated my wishes regarding his participation in water activities;
- I understand and agree to the LRAC's policy on discipline;
- I release the LRAC from all claims my child might sustain as a result of participation in this camp(s) in accordance with the *Waiver Statement*; and
- I understand that I may ask for a conference with a staff member(s) as needed. I also understand that the Department of Human Services (DHS) can ask me or my child for an interview at any time concerning the facility.

Child's Name: _____

Parent's/Guardian's Signature: _____ Date: _____



PAYMENT INFORMATION* (Please Print)

Person Participating in Activity: _____

Activity: _____ Is **participant** an LRAC Member? ___ Yes ___ No

Person Participating in Activity: _____

Activity: _____ Is **participant** an LRAC Member? ___ Yes ___ No

Person Participating in Activity: _____

Activity: _____ Is **participant** an LRAC Member? ___ Yes ___ No

Person Responsible for Payment: _____

Responsible Party's Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Method of Payment (complete the appropriate information below):

LRAC Club Account Option *(for members only/account must be current)*

Member # to be charged: _____

Bank Draft Option (Please attach a voided check to ensure accuracy in processing.)

Bank Name: _____

Name as Shown on Bank Account: _____

Bank Transit Number: _____ Bank Account Number: _____

Credit/Debit Card Option (Visa, MasterCard, Discover, American Express)

Name as Shown on Card: _____

Credit Card Number: _____

Expiration Date: _____ CCV Number: _____

** Please note, charges occur on the 10th of the month. For security reasons, your payment information will be encrypted by our computer software and this paper will be shredded.*