



## 2010 DOWN UNDER CENTER CAMP REGISTRATION FORM

Camper is a: \_\_\_\_\_ 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
June 1 - June 4	IronKids – Exploring Arkansas	M    TU    W    TH    F	\$50	
June 1 - June 4	Lil' Joey – Exploring Arkansas	M    TU    W    TH    F	\$50	
June 7 – June 11	Soccer Camp	M    TU    W    TH    F	\$50	
June 7 – June 11	Mini Sports Camp	_____ Half Day M    TU    W    TH    F	\$15	
		_____ Full Day M    TU    W    TH    F	\$50	
June 14 – 18	IronKids – Splash-N-Fun	M    TU    W    TH    F	\$50	
June 14 – 18	Lil' Joey – Splash-N-Fun	M    TU    W    TH    F	\$50	
June 21 – 25	Basketball	M    TU    W    TH    F	\$50	
June 21 – 25	Mini Basketball	M    TU    W    TH    F	\$50	
June 28 – July 2	IronKids – World of Discovery	M    TU    W    TH    F	\$50	
June 28 – July 2	Lil' Joey - World of Discovery	M    TU    W    TH    F	\$50	
July 5 – July 9	IronKids – Drama Masquerade	M    TU    W    TH    F	\$50	
July 5 – July 9	Lil' Joey – Drama Masquerade	M    TU    W    TH    F	\$50	
July 12 – 16	Sports & More	M    TU    W    TH    F	\$50	
July 12 – 16	Mini Sports	_____ Half Day M    TU    W    TH    F	\$15	
		_____ Full Day M    TU    W    TH    F	\$50	
July 19 – 23	IronKids – Pirate Treasure	M    TU    W    TH    F	\$50	
July 19 – 23	Lil' Joey – Pirate Treasure	M    TU    W    TH    F	\$50	
July 26 – 30	IronKids – Around the World	M    TU    W    TH    F	\$50	
July 26 – 30	Lil' Joey – Around the World	M    TU    W    TH    F	\$50	
August 2 – 6	IronKids – All Star Fun	M    TU    W    TH    F	\$50	
August 2 – 6	Lil' Joey – All Star Fun	M    TU    W    TH    F	\$50	
August 9 – 13	IronKids – Summer Finale	M    TU    W    TH    F	\$50	
August 9 – 13	Lil' Joey – Summer Finale	M    TU    W    TH    F	\$50	
* Non-Refundable deposit required for each camp child attends.			<b>TOTAL DEPOSIT PAID</b>	

## 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: \_\_\_\_\_

**For security reasons,  
this information will be encrypted in our computer software  
and this paper will be shredded.**