

# All Heart Athletics

# Summer Camp Registration Forms

All Heart Athletics, LLC

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## All Heart Athletics Camp Registration

Thank you for your interest in All Heart Athletics.

Please complete information below to register for All Heart Athletics Camps. It is a lengthy form and any incomplete forms will not be accepted.

Note: You may register up to (3) three campers per registration form. They must live in same household.

How did you hear about the All Heart Athletics Camps?				
Camper Information				
Name of Camper #1	Age:			
Camper Nickname (if applicable):				
School Attending:	Grade:			
T-shirt size (Circle One): YS / YM / YL / YXL / AS / AM / A	AL/AXL/AXXL			
Name of Camper #2	Age:			
Camper Nickname (if applicable):				
School Attending:	Grade:			

T-shirt size (Circle One): YS / YM / YL / YXL / AS / AM / AL / AXXL / AXXL



Name of Camper #3	Age:
Camper Nickname (if applicable	e):
School Attending:	Grade:
T-shirt size (Circle One): YS / YM	M/YL/YXL/AS/AM/AL/AXL/AXXL
Camper(s) live with:	
Both Parents	Grandparents
Mother	Other
Father	
Parent / Guardian Information	
Parent/Guardian #1 Name:	
Cell Phone:	Work Phone:
Email:	
Parent/Guardian #2 Name:	
Cell Phone:	Work Phone:
Email:	
Address:	
City:	State ZIP



#### Emergency Contact Information

Who should contacted in case of an medical emergency or emergency pick-up, when parents/guardian cannot be reached.	
Emergency Contact Name:	
Emergency Contact Phone:	
Relationship to camper:	
Emergency Contact Name:	
Emergency Contact Phone:	
Relationship to camper:	
Camper Pick-Up Authorizations	
For safety and security reasons, we must know if someone other than the named pers Parent Information section will be picking up your camper from camp. If so, please in	
IN ALL CASES, PROPER PHOTO ID WILL BE REQUIRED IN ORDER TO PICK UP THE	CAMPER.
***NO EXCEPTIONS***	
Contact Name (as it appears on photo ID):	
Relationship to camper:	-
Contact Name (as it appears on photo ID):	
Relationship to camper:	-
Contact Name (as it appears on photo ID):	

Relationship to camper:



#### Medical Information

Physician's Name:	Hospital Affiliation:
Physician's Address:	
Physician's Phone:	
Insurance Provider:	Policy/Group #:
Allergies and Medications	
NOTE: All Heart Athletics staff are not permitted to a	administer medication to campers. Allergy
medications may be administered if directed in writ	ing by the child's parent/guardian.
Known Allergies:	
Does your child need to take medication(s) during c	amp? (Please check one)
Yes No	
If yes, please specify medications:	
I certify that the above submitted information conta	ined in this document is true and accurate.
Parent Signature	Date



## Emergency Medical Release

I hereby grant permission for All Heart Athletics staff to administer first aid or take whatever steps necessary to obtain medical care, if warranted. In the case of an emergency, I understand every effort will be made to contact me or the emergency contact persons listed above, including the camper's physicians. Emergency care may include the camper being taken to an emergency hospital in the company of an All Heart Staff member. Any expenses above will be the responsibility of the parent/guardian.

I agree to Emergency Medical Release (PLEASE SI	GN BELOW):	
Parent Signature	Date	



# ALL HEART ATHLETICS WAIVER, RELEASE AND STATEMENT OF PHYSICAL CONDITION

In consideration of the participation of my child, in All Heart Athletics, I, in my own right as next of kin of such minor child, for myself and for such minor child, our heirs, successors, administrators and assigns, hereby contractually waiver, relinquish and release any and all rights, claims, actions and/or causes of action we may have against the All Heart Athletics, coaches, and/or any volunteer assistant coach or other club personnel for personal injury or property damage arising from, or in any way connected with, the All Heart Athletics during the participation year.

I further certify that the minor child named above is granted my permission to participate in the All Heart Athletics. I am aware of the intensity of the training and competition involved and the associated risks, and I certify that such child is physically fit to participate in such program. I further certify that I know of no physical condition or impairment that would in any way prevent such child from participating in the program.

To the best of my knowledge, the aforementioned athlete is in good health and the medical information is accurate. Should there be any changes in the physical condition of athlete during the season, which will adversely affect performance, I will inform my appropriate coach and All Heart Athletic staff immediately.

I further understand that, with my child's membership, I assume the responsibility of helping with the competitions that the club shall put on in whatever capacity that I am qualified for.

\*I have read, understood and agree to the All Heart Athletics Waiver, Release and Statement of Physical Condition



### General Policies

#### HOURS OF OPERATION

The All Heart Athletics Summer Camp hours are Monday - Friday 7:30am - 4:30pm. Please do not drop-off or pick-up your camper outside of camp hours.

#### PICK-UP AND DROP-OFF PROCEDURES

Campers need to arrive no earlier than 7:30am and should be picked up before 4:30pm.

Parent/Guardian must park their vehicle and walk their child into and out of camp. You must also sign them in or out.

#### LATE PICK-UP POLICY

Any campers not picked up by 4:30pm will be assessed a late fee of \$1.00 for each minute past 4:30pm. We will make every attempt to contact parent/guardian and all emergency contacts. At 5:00pm, if we have not made contact with a parent/guardian or any emergency contact; we will contact DFACS.

All late fees must be paid before re-admittance to camp.

On the 4th "late pick-up" camper will be removed from participation from the summer camp and all pre-paid monies will be forfeited.

#### PHOTOGRAPHS AND VIDEO

I give my permission for my camper's photograph and/or video to be taken during camp sessions or activities for use by All Heart Athletics in marketing or promotional activities.

#### INCOMPLETE REGISTRATIONS

Registrations that are incomplete of information or does not have a payment submitted will be considered incomplete and will not be processed. Camper may not participate in camp activities with incomplete registrations. \*\*\*NO EXCEPTIONS\*\*\*

#### PERSONAL BELONGINGS

I understand that bringing personal toys and electronics to camp is not encouraged. Any lost, stolen or damaged items are the owner's responsibility. This includes jewelry, money or any possession of value.



In the event that personal belongings must be brought, we encourage putting the camper's name on all articles.

Any articles that are brought to camp, I agree that my camper's belongings may be searched with or without the camper's presence for drugs, alcohol, weapons, or other forbidden objects,

#### FIELD TRIPS

I give permission for my camper to attend all field trips and off-campus activities. I also allow All Heart Athletics to transport my camper in bus or van to attend activities.

#### DRESS CODE

Campers should dress appropriately for activities of the camp. We recommend shorts and a light weight shirt or top, and some type of athletic shoe or sneaker to participate in recreational or athletic activities. Sandals, flip-flops, rubber "crocs" style shoes and other open toed shoes will not be permitted and camper will not be allowed to participate in activities.

Clothing that displays drugs, alcohol, tobacco, offensive language or excessively revealing clothing will not be permitted.

#### SUNSCREEN/INSECT REPELLENT

Please apply sunscreen and insect repellant prior to the start of each camp session. Campers may bring sunscreen and insect repellent but must be able to reapply with staff supervision. Must be labeled with campers name and may not be shared with any other camper.

#### CANCELLATION POLICY

If your camper is unable to attend a camp in which he/she is enrolled, you may request a refund.

Refund requests must be submitted via email to All Heart Athletics (allheartaau@gmail.com)

#### REFUND ELIGIBILITY

(Based on date refund request was received)

0-7 days before attendance date = 0% refund

8-14 days before attendance date = 75% refund

15-20 days before attendance date = 50% refund

21+ days before attendance date = 100% refund



#### \*\*\*NO EXCEPTIONS!!!\*\*\*

Note: Please allow 4-6 weeks for a refund request.