



CSA Kids
Sports & Arts Campus
building healthy bodies & educated minds since 1974
4113 Whitney Street | Janesville, WI 53546
P (608) 756 - 0444 | F (608) 756 - 5474
www.CSAKids.com

CSA Kids Holiday Camp

Boys & Girls
5 thru 12 years
9:00-4:00

December 26th thru December 29th
Choose the days you want your child to come to camp

Register By Thursday Dec. 7th	Holiday Camp Happenings	Register Dec. 8th thru 16th
Choose the number of days 12/26 thru 12/29 Tuesday Wednesday Thursday Friday 1 day \$30 2 days \$55 3 days \$78 4 days \$104	SPORTS/ GAMES SINGING/MUSIC TIME ARTS /CRAFTS FIT N'NASTICS/GYMNASTICS/NINJA READING TIME FREE TIME /SOCIAL TIME CHEER/POM/DANCE BOARD GAMES TUMBLE & TRAMP FOAM PIT ACTIVITES	Choose the number of days 12/26 thru 12/29 Tuesday Wednesday Thursday Friday 1 day \$33 2 days \$58 3 days \$82 4 days \$112
Child Care 7:00-9:00 & 4:00-5:30	Bring 2 Snacks,3 Drinks and Lunch for Each Day	Child Care 7:00-9:00 & 4:00-5:30

Register by Thursday December 7th for 12/26-12/29

Circle 1 day \$30 Tues. Wed. Thurs. Fri.
2 days \$55 Tues. Wed. Thurs. Fri.
3 days \$78 Tues. Wed. Thurs. Fri.
4 days \$104 Tues. thru Fri.

Register Dec. 8th-16th for 12/26-12/29

Circle 1 day \$33 Tues. Wed. Thurs. Fri.
2 days \$58 Tues. Wed. Thurs. Fri.
3 days \$82 Tues. Wed. Thurs. Fri.
4 days \$112 Tues. thru Fri.

Circle: General public Circle: CSA Student in: **Gymnastics** **Swim** **Dance** **Tumble & Tramp** **Ninja**

Child care hours Morning/Evening hours 12/26 _____ / _____ 12/27 _____ / _____ 12/28 _____ / _____ 12/29 _____ / _____ Total hrs _____

Print Name _____ F /M Age _____ Birthdate _____ / _____ / _____

Phone # (_____) _____ Parent Name if different _____

Address _____ City _____ zip _____

Date Paid ___ / ___ / 17 (Camp # of days ___ = \$ _____) (Child C hrs. ___ x \$4.00 = \$ _____) (Total \$ _____) #Check _____ Cash _____

DC/VS/MC _____ Exp. date ___ / ___ / 3 # on back _____

Medical Marketing Release For the Medical Release I undersigned gives permission for the CSA Kids officers, employees, and/or agents to seek emergency medical treatment for the participants (s) in the event they are unable to reach any parent or guardian . The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action. For the **Marketing Release** I understand that my child's likeness may be used in CSA kids ads, promotional videos, our website or various other marketing materials. These images will be used for CSA Kids purposes only and will not be given or sold to outside companies or individuals.

Assumption of Risk, Waiver of Liability, Promise to Pay, Medical Authorization

I/We recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, cheerleading swimming, music, preschool and exercise activities. In addition, swimming or any activity in or around water can result in brain damage or drowning. Being fully aware of these dangers, I voluntarily consent to myself or minor child participating in any and all CSA Kids programs, camps and activities and I ACCEPT ALL RISKS associated with that participation.

In consideration for allowing myself or minor child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE CSA Kids, its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by me or my minor child while under the instruction, supervision, or control of CSA Kids including, without limitations, those damages or injuries resulting from act of negligence on the part of its officers, directors, shareholders, employees or agents.

In the event of an accident or emergency I would like myself above or minor child to be taken to a hospital for medical treatment and I hold CSA Kids, and its representatives harmless in this execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by myself or my minor child as a result of any injury sustained while participating at or for CSA Kids.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY, PROMISE TO PAY and MEDICAL Authorization and I VOLUNTARILY

affix My signature _____ Print Name: _____

Signature

Parent or legal Guardian (Print Name)

Date