



CSA Kids

Sports Arts Campus

Building healthy bodies & educated since 1974
4113 Whitney St. Janesville 608-756-0444
www.csakids.com

Boys & Girls 5 years thru 12 years
Holiday Camp 9:00-4:00
 Wed. Dec. 26 thru Friday Dec. 28
 plus child care available
 *Bring a Bathing Suit and Towel for Swim

Choose the days you want your child to come to camp

Dates Tues. Dec 26 thru Fri. Dec 28
Register By Saturday Dec. 1
 1 days Tuition \$30
 2 days Tuition \$52
 3 days Tuition \$78

Register Dec. 3th-17th
 1 days Tuition \$33
 2 days Tuition \$55
 3 days Tuition \$81

Child Care 7:00-9:00 & 4:00-5:30 \$4.00 per hour

Holiday Camp Happenings

SPORTS/ GAMES
 SINGING/MUSIC TIME
 ARTS /CRAFT
 FIT N'NASTICS/GYMNASTICS/NINJA
 READING TIME
 FREE TIME /SOCIAL TIME
 CHEER/POM DANCE
 SWIMMING
 BOARD GAMES
 TUMBLE & TRAMP FOAM PIT ACTIVITES
 LUNCH & SNACK TIMES

Cut

Register by Sat. Dec. 1st 2018

Dates of camp 12/26 thru 12/28

Circle

1 day Tuition \$30 . Wed. Thurs. Fri

2 days Tuition \$52 Wed. Thurs. Fri

3 days Tuition \$78 Tues. Wed. Thurs. Fri

Register Dec. 3th-17th 2018

Dates of camp 12/26 thru 12/28

Circle

1 days Tuition \$33 Wed. Thurs. Fri

2 days Tuition \$55 Wed. Thurs. Fri

3 days Tuition \$81 Wed. Thurs. Fri

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

Child care hours Morning/Evening 12/26 _____ / _____ 12/27 _____ / _____ 12/28 _____ / _____

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

Phone # (_____) _____ Parent Name if different _____

Address _____ City _____ zip _____

Date Paid _____ / _____ / _____ Child Care \$4.00 x hours = \$ _____ Camp Tuition # of days _____ x = \$ _____ #Check _____ Cash _____

DC/VS/MC _____ Exp date _____ / _____ 3 # on back _____ Date _____ / _____ / _____

Signature _____ print signature _____

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 _____ 18-19xmas6-12camp2018

Print Name _____ / _____ / _____

Name _____ Signature _____ Parent or legal Guardian _____ Date _____