

REGISTERING FOR: All Camps are 4 weeks (consisting of 12 total class days). Camps with a Monday holiday will be prorated.

Camp 1 (Mon. Jan $2^{nd} - 26^{th}$)	
*no camp on Mon Jan 16 - MLKjr Day	
Camp 2 (Mon. Jan 30 th – Feb. 23 rd)	
*no camp on Mon Feb 20-President Day	
Camp 3 (Mon. Feb. 27 th – March 30 th)	
*no camp week of March 20 th -spring break	
Camp 4 (Mon. April $3^{rd} - 27^{th}$)	
*no camp Mon April 18 th – Easter Monday	
Camp 5 (Mon. May 1 st - 25 th)	
*no school week of May 29 th for summer break	*Mon De
Camp 6 (Mon. June 5 th -29 th)	*Tue Dec

 Camp 7 (Tue. July 3th -29th) *no camp Tues July 4th-Independence Day
Camp 8 (Mon. Jul 31st - Aug24th)
Camp 9 (Mon. Aug 28th - Sept. 21st) *no camp on Mon Sept 4 -Labor Day
Camp 10 (Mon. Sept 25th - Oct 19th)
Camp 11 (Mon. Oct 23rd - Nov. 16th)
Camp 12 (Mon. Nov 20th - Tues, Dec. 19th) *no camp Thu Nov 23rd
*Mon Dec 18 will be an optional *extra pay* day since it is the 5th Mon

*Tue Dec 19th will be included since are off Thur 24th for Thanksgiving

STUDENT INFORMATION

Child #1 Name		
First Preferred/Nickname:	Last Date of Birth	Gender
Child #2 Name		
First	Last	
Preferred/Nickname:		Gender
	Mom	Mom
Mother:	Cell #:	Work #
	Dad	Dad
Father:	Cell #	Work #
Address		
Street	Apt. # City	Zip
Email Address:		
Others authorized to pick up or contact in	case of emergency: (other than parents)	
Emergency Contact Name	#	Relationship to child:
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SELECT YOUR PROGRAM

Please check all that	apply:		Cost is all-inclusive! No other fees or taxes unless paying with cc	
				** Younger siblings receive a
1 Morning	(M)	8:30 -12:30 PM	\$ 115 / month	\$20 off discount /camp for 2 day campers
2 Mornings	(T/Th)	8:30 -11:30 AM	\$ 195 /month	\$30 off discount /camp for 3 day campers
2 Mornings	(T/Th)	8:30-12:30 PM	\$ 230 /month	
3 Mornings	(M/T/Th)	8:30-12:30 PM	\$ 335 /month	

Registration of initial session requires BOTH of the following:

1. Payment for first 4-week camp by Cash, Check, or CC.

2. Sign Auto-Draft contract for scheduled 4-week payments of subsequent camps. (you may disenroll anytime with 15-day notice)



MOVE



MEDICAL INFORMATION

Physician:	Phone:	Hospital Preference:				
Insurance Company:		_ Policy #:				
Are shots up to date?	Any known allergies?					
What symptoms does your child display when having an allergic reaction?						
Special needs, disabilities, or additional health information:						
Give any further information, which you feel would be helpful in understanding your child:						

COMMITMENT

<u>Withdrawal and Refund Policy</u>: Bounce n' Boogie, LLC charges a fee equal to 20% of the camp tuition whenever a child is withdrawn or cancels out of the initial camp being registered for, prior to 5 days before the start date of the camp. Tuition paid, minus the 20% fee, will be refunded if the Bounce n' Boogie, LLC program director receives a request five business days prior to the first class date of the camp. If a child is withdrawn from the camp any time after 5 days prior to the start date of the camp tuition will be charged. Assessed from the notice of withdrawal date, any unused tuition paid, minus the 50% fee will be refunded.

Upon initial registration of camp, payment of first camp tuition is due along with a signed auto check-draft form authorizing Bounce n' Boogie, LLC to draft camp tuition payments for continuous enrollment in ActiveME camps. A 15-day written notice is required to disenroll from ActiveMe Camp to avoid any future charges.

Acknowledgment of Risk of Injury & Liability; Authorization for Emergency Medical Transportation: I understand that there is an inherent element of risk of injury that exists in the activities and programs in which my child will engage during the Bounce n' Boogie, LLC ActiveME Camps. In signing this registration form, I do hereby expressly acknowledge the potential for risk of injury associated with my child's participation in the program.

On behalf of my child and myself, and in consideration of my child's participation in Bounce n' Boogie, LLC ActiveME Camps, I hereby indemnify and hold harmless Bounce n' Boogie, LLC, its employees, agents, and Trustees from and against any and all claims related to injury or accident involving my child. Further, I request that I be contacted within a reasonable time in the event of illness or injury requiring medical services. In the event a parent or guardian cannot be contacted, I hereby designate the Bounce n' Boogie, LLC faculty and administration or designee to act in my behalf to authorize such hospitalization, medical attention, or surgery as may be required in an emergency because of illness or injuries sustained by my child while participating in a Bounce n' Boogie, LLC activity. In the event my child's parent or guardian cannot be reached and the situation calls for medical attention, I recognize and relinquish our responsibility to a practicing physician and/or medical personnel acting in the best interest of my child. I hereby assume financial responsibility for any hospitalization, medical attention, emergency transportation and surgery provided.

Bounce n' Boogie, LLC has my permission to use my child's photograph for advertising and marketing materials. I agree that I have read the Bounce n' Boogie, LLC ActiveME Camp Handbook. I understand the policies of this facility and agree to abide by them.

Parent Printed Name: _____

Parent Signature:_____

Date:_____

CREATE

Bring completed registration forms with payment to: Make checks payable to Bounce n' Boogie, LLC

> 141 Osuna Rd. NW Albuquerque, NM 87107

Director/ Owner: Yaya Cabrera (505) 453-3314 www.bouncenboogie.com bouncenboogie@yahoo.com

Bounce n' Boogie, LLC does not discriminate against applicants on the basis of race, color, sex, national or ethnic origin.

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