



Blue Ribbon Rhythmics Girls Summer Camp Application 2016

CAMPER INFORMATION Please print clearly and legibly

Form with fields for Camper First Name, Camper Last Name, Date of Birth, Home Address, City, State, Zip Code, Parent Guardian Name, Cell Phone, Email Address(Required), Emergency Contact Name, Relation to Camper, Emergency Phone, Health Restrictions (if any), Allergies (if any).

How did you hear about us?

CAMP COSTS Please select the session and circle Half Day or Full Day option.

Table with columns for Sessions (Full Session, Session 1 or Session 2, Daily) and costs for Full Day and Half Day options.

DISCOUNTS SELECT ALL THAT APPLY (Balance must be paid in full to receive discount)

- REGISTER BY MARCH 31ST for 8 weeks receive \$350 off camp tuition or register for 4 weeks receive \$150 off camp tuition
REGISTER BY APRIL 30TH for 8 weeks receive \$150 off camp tuition or register for 4 weeks receive \$75 off camp tuition
SIBLING DISCOUNT Register all children by April 31ST for 8 weeks receive 20% off total or register for 4 weeks and receive 10% off total.

TRANSPORTATION COSTS Please select the session and circle Pick up and Drop off option or Pick up or Drop off option.

Table with columns for Session, Pick up and Drop off, and Pick up or Drop off, with associated costs.

SCHEDULE SELECTION Please select the week(s) and circle the days

- June 27th - July 1st M T W TH F
July 4th - July 8th M T W TH F
July 11th - July 15th M T W TH F
July 18th - July 22nd M T W TH F
July 25th - July 29th M T W TH F
August 1st - August 5th M T W TH F
August 15th - August 19th M T W TH F

TOTAL CAMP COST: \$ TOTAL DISCOUNT: - \$

TOTAL TRANSPORTATION COST: \$ TOTAL BALANCE: \$

TOTAL DEPOSIT: - \$



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AGREEMENT

I, \_\_\_\_\_, residing at \_\_\_\_\_
agree to register my child \_\_\_\_\_ with Blue Ribbon Rhythmics, Inc.

I undertake to pay \$\_\_\_\_\_ and understand that this amount covers expenses for participating with Blue Ribbon Rhythmics, Inc. SUMMER CAMP.

Enrollment is limited and spaces will be reserved on a first - come - first - served basis. Spaces will be reserved once Blue Ribbon Rhythmics, Inc. receives a completed application and a deposit of \$125. The deposit will be deducted from the final cost. Payment in full is due by June 2ND, 2016. These balances of all fees are payable prior to the camper's first day of the scheduled attendance. No payment plans will be issued. Blue Ribbon Rhythmics, Inc. RESERVED THE RIGHT TO REFUSE ADMISSION TO ANY CAMPER FOR WHOSE PAYMENT HAS NOT BEEN RECEIVED. If a payment is made after June 2ND, 2016, a late fee of \$35 will apply.

There is no deduction for any absence in case of illness, vacation or other reasons. Full payment is due despite of government or religious holidays. No adjustments, allowance or refund of the deposit or balance shall be made except in strict conformity with the rules:

- a) A refund request for camp tuition or deposit (less \$50 cancelation fee) must be received prior to June 2th, 2016.
b) If a parent of a camper notifies Blue Ribbon Rhythmics, Inc., that child/children are unable to attend because of injury or illness, properly documented, the money received on behalf of the applicant will be refunded (less \$50 cancellation fee).

PLEASE MAKE ALL CHECKS PAYABLE TO BLUE RIBBON RHYTHMICS, INC.

Children can be dropped off at camp no earlier than 7:45AM and/or must be picked up from camp no later than 5 PM. Parents who bring their children to camp before 7:45AM and/or leave in camp past 5:15PM will be charged a late fee of \$15. Children are not allowed to bring in cell phones, iPods, electronic games or any other type of electronic devices. We strongly encourage all campers to leave all valuables at home. I understand that Blue Ribbon Rhythmics, Inc. has a strictly Kosher food policy. Any food that is brought in for the groups such as birthday party celebrations or any shared treats must be approved in advance by the camp director. The food must be kosher.

As parent or legal guardian of the above camper, I hereby give permission for my child to participate in the Blue Ribbon Rhythmics Girls Summer Camp, and agree to comply with all program rules and regulations. I hereby release Blue Ribbon Rhythmics, Inc. and the staff and management of Blue Ribbon Rhythmics, Inc. camp from any and all responsibility of bodily injury, property damage, and theft of personal property that may occur while my child is enrolled in this program on or off Blue Ribbon Rhythmics, Inc. premises.

I hereby confirm that the above named child/children is in good physical condition and has been examined by a physician within the past 6 (six) months and is in relatively good health and able to participate in a full Blue Ribbon Rhythmics, Inc. Summer Camp programs.

I have read and understood the Agreement of the Enrollment terms, which have been presented in the Agreement. I agree to all terms contained in the Agreement.

Parent Guardian Name

Signature

Date

CONSENT/RELEASE FORM



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**Child's Name** \_\_\_\_\_

**Parent/ Guardian Name** \_\_\_\_\_ **Relationship to Child** \_\_\_\_\_

**Photo Release**

I hereby grant permission, without reservation, to the Blue Ribbon Rhythmics, Inc. and those authorized by the Blue Ribbon Rhythmics, Inc. to take photographs, to make recordings of me and my child and to use them in original or modified forms in all media now or hereafter known, with or without my or my child's name or information about me or my child, for the promotion, public education, and/or fundraising activities of both organizations. I understand and agree that I am entitled to receive no compensation for the above. I release Blue Ribbon Rhythmics, Inc., its officers, director, agents, employees, independent contractor, licensees and assignees from all claims that I now have or in the future may have in relation to the above. I agree that Blue Ribbon Rhythmics, Inc. will be the sole owners of all tangible rights in the above mentioned photographs and recording, will full power of disposition.

As parent/guardian of the above named child/children, I hereby consent to the foregoing on behalf of the minor and myself.

Signature \_\_\_\_\_

**Swimming Consent**

As parent/guardian of the above named child/children, I give permission to my child/children to go swimming in the pool located at the East Midwood Jewish Center for the duration of their camp attendance.

Signature \_\_\_\_\_



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TRANSPORTATION REQUEST FORM

The undersigned parent(s) or legal guardian(s) Of \_\_\_\_\_ hereby authorize Blue Ribbon Rhythmics, Inc. ("Organizers"), to facilitate the procurement of door to door transportation for my daughter. I/we hereby indemnify and hold Organizers harmless for the acts or omissions of in the performance of the door to door transportation services for Camper(s).

PARENTS/GUARDIAN INFORMATION

Parent's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

STUDENT INFORMATION

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

DOOR TO DOOR TRANSPORTATION LIABILITY WAIVER

As parent/guardian of the above named child/children, I hereby release the Blue Ribbon Rhythmics, Inc., its agents, employees and trustees from all liability arising out of his/her transportation to or from the Blue Ribbon Rhythmic, Inc. and throughout all the extra curriculum activities including daily trips. If a child is enrolled for door to door transportation, I understand that morning pick-up and evening drop off must be at the same location. All taxis will wait 2-5 minutes for a child and then depart for next stop. Taxis will not be returning to pick up campers if they miss their morning pick up taxi time. Blue Ribbon Rhythmics, Inc. does not guarantee the accuracy or consistency of morning pick up or evening drop off times at any point during the program. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named Camper(s). I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend Blue Ribbon Rhythmics, Inc., its officers, directors and agents, and the chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection therewith, and I agree to compensate the camp, its officers, directors and agents, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith

Parent Guardian Name

Signature

Date



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**STUDENT RELEASE FORM**

**Blue Ribbon Rhythmics, Inc. recommends all participants obtain a physical examination from their physician prior to participating in any or all programs provided by Blue Ribbon Rhythmics, Inc.**

1. The sports programs at Blue Ribbon Rhythmics, Inc. require the participant to perform a great deal of physical exertion, including sprints, hand-eye coordination activities, and agility drills. This form of exercise directly affects heart rate, body temperature and respiration, and requires the participant to be in good physical condition. It is up to the participant, or parent/guardian, to ensure that he/she is physically capable and in good mental condition, so as to permit safe participation in the program. Blue Ribbon Rhythmics, Inc. shall have no responsibility, nor liability to confirm the medical condition of a participant. The undersigned recognizes the possible dangers connected with physical activity and competition and it is expressly agreed that participation in the program shall be undertaken at the participant's own risk. In consideration of the undersigned's participation in the program, the undersigned hereby certifies and represents that he/she is in good medical condition and is physically capable of safely participating in the program, and utilizing all exercise equipment, athletic equipment, and training required in the program.

2. The undersigned hereby releases Blue Ribbon Rhythmics, Inc., its directors, employees, agents, representatives, coaches, and volunteers, as well as the owners of any facilities in which the program is conducted, on behalf of himself/herself and any one claiming by, through or under the undersigned, from any and all claims of damage, injury, or death, of any kind, arising out of the undersigned's participation in the program. In addition, the undersigned acknowledges and agrees to indemnify and hold Blue Ribbon Rhythmics, Inc., harmless from any claims of damage, injury or death arising out of the participation of the undersigned in the program, including injuries caused in whole or in part by the undersigned, or another participant. Moreover, by this release, the undersigned also intends to fully, completely and forever release, discharge, and absolve Blue Ribbon Rhythmics, Inc. all of its directors, employees, agents, representatives, coaches, and volunteers, from any active or passive negligence whatsoever on the part of Blue Ribbon Rhythmics, Inc., its directors, employees, agents, representatives, coaches, and volunteers. The undersigned further agrees and promises not to sue or exercise any legal rights to seek damages or relief of any nature from Blue Ribbon Rhythmics, Inc., its directors, employees, agents, representatives, coaches, and volunteers. The undersigned certifies that he/she has read this release and all of the statements contained herein, and further represents that he/she understood its contents and has voluntarily executed this release. The undersigned understands that he/she is giving up valuable rights and is signing this release voluntarily. The undersigned further agrees that no oral representations, statements, or inducements of any kind apart from this written release have been made with regard to the subject matter of this release.

4. The undersigned hereby warrants that he/she is over the age of eighteen, is competent to contract in his/her name, and that the undersigned has the authority to grant this consent and release.

Signature: \_\_\_\_\_

Relationship if participant is a minor: \_\_\_\_\_



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TRIP ITINERARY & PARENTAL CONSENT FORM

Camp Name Blue Ribbon Rhythmics, Inc.

Session # Full Session (8 weeks)

Camp Address: 1625 Ocean Ave Brooklyn, NY 11230

Table with 4 columns: Trip Date, Trip Destination & Complete Address, Mode of Transportation, and Parental Consent (YES/NO checkboxes).

Parental Consent:

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_,
(Parent Name) (Camper Name)
\_\_\_\_\_, hereby give permission for her to participate in the trips as indicated on the above itinerary.
(Camper Age)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TRIP DATES SUBJECT TO CHANGE DUE TO THE WEATHER CONDITION