

**JAWS
Registration**

*Summer 2007
Junior Athletic Workshop*



| | | | |
|-------------------------------------|------|------|------|
| Parent or Guardian Name | | | |
| Address | | | |
| Telephones | Home | Work | Cell |
| First Child | | Age | Sex |
| Second Child | | Age | Sex |
| Email Address | | | |
| How Did You Hear About The Program? | | | |

MULTIJURISDICTIONAL AUTHORIZATION AND RELEASE FOR MEDICAL AND DENTAL TREATMENT

Doctor.....Phone.....
 MEDICAL INSURANCE COMPANY..... POLICY NUMBER.....

Please specify any medical problems: allergies, past operations or treatment of serious illness:.....
 Specify allergic reactions to medications and/or foods:.....

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the JAWS program. I hereby grant permission for my child to leave the South End Club premises under the supervision of a staff member for field trips in an authorized vehicle. I hereby grant permission for my child to be included in evaluations and pictures connected to the JAWS program and the South End Club.

The undersigned, as the parent(s), or legal guardian(s), of the above-named person, (the "minor") hereby authorize the South End Club and its employees, and directors to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care (collectively "medical care") to be rendered to the minor under the general or special supervision and upon the advice of a physician or surgeon licensed under the laws of the state or other jurisdiction in which medical care is sought, and to consent to any x-ray, anesthetic, dental or surgical diagnosis or treatment and hospital care (collectively "dental care") to be rendered to the minor by a dentist licensed under the laws of the state or other jurisdiction in which dental care is sought.

The undersigned understand and agree that South End Racquet and Health Club shall not be legally or financially liable for any bill or medical expense incurred, or for any cause of action or claim arising from any medical care or dental care provided, or the lack of medical care or dental care. The undersigned hereby agree to indemnify, defend, and hold the South End Club harmless from any claim made by or on behalf of the minor person or the minor's heirs or parents or guardians arising out of any medical care or dental care provided.

South End Club reserves the right to deny any entrance and / or continuation of camp to any child who is unruly and / or does not respect the rules of South End Club and the JAWS program.

I have read/completed and agree to all the above and understand the **NO REFUND CANCELLATION POLICY**. Initial.....

SIGNED..... DATE.....

- Members \$210/wk
- Non-Members \$240/wk
- Daily \$65
- Swim lessons, \$25/wk
- Before/After Care, \$4/hr

| Week # | Dates | Field Trips | Week Pd | F.T. Pd | Swim Pd | Total |
|-----------------------------|-------------|--|---------|---------|---------|-------|
| <input type="checkbox"/> 1 | 6/18 – 6/22 | Long Beach Aquarium – Long Beach, \$12 | | | | |
| <input type="checkbox"/> 2 | 6/25 – 6/29 | Knott's Berry Farm – Buena Park, \$15 | | | | |
| <input type="checkbox"/> 3 | 7/02 – 7/06 | On site activities | | | | |
| <input type="checkbox"/> 4 | 7/09 – 7/13 | LA Zoo – Los Angeles, \$12 | | | | |
| <input type="checkbox"/> 5 | 7/16 – 7/20 | Universal Studio – Burbank, \$35 | | | | |
| <input type="checkbox"/> 6 | 7/23 – 7/27 | On site activities | | | | |
| <input type="checkbox"/> 7 | 7/3 – 8/03 | Knott's Berry Farm – Buena Park, \$15 | | | | |
| <input type="checkbox"/> 8 | 8/06 – 8/10 | Home Depot Center – Carson, \$15 | | | | |
| <input type="checkbox"/> 9 | 8/13 – 8/17 | On site activities | | | | |
| <input type="checkbox"/> 10 | 8/20 – 8/24 | Bowling at PV Bowl, \$12 | | | | |
| <input type="checkbox"/> 11 | 8/27 – 8/31 | On site activities | | | | |

Field Trips are subject to change

Please fill out the form and check the specific weeks and enclose a check or write your credit card no. below with expiration date

Credit Card Number..... Exp. Date.....