

# Summer/Sports Program (5-12 year old)

Call for more information (707) 738-4107

## Summer Program Enrollment and Payment Agreement

PLEASE WRITE LEGIBLY

Name of party responsible for payment \_\_\_\_\_ SS# \_\_\_\_\_

Billing Address \_\_\_\_\_  
Street City State Zip

Home phone# \_\_\_\_\_ Work phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

EMAIL (for last minute changes): \_\_\_\_\_

How were you referred to Us?  Advertisement  Phone Book  Web Site  Other \_\_\_\_\_

If you were referred by a friend or another student, who may we thank? \_\_\_\_\_

### Names & Ages of students participating in program (additional children on back)

1. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

2. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

The undersigned hereby agrees to pay for the weeks/days attended, under the terms and conditions set forth on this contract. I also understand that my child's picture may be in advertisements used in the future, but not their name.

**Cost of camp:** \$150/week/child...\$140/wk if child is enrolled in 4 or more weeks of our summer program. (siblings receive a 10% discount). Please make checks payable to MSMA or fill in the credit card authorization section below. 25% down payment is due upon enrollment to guarantee their space in the camp with full payment due 2 weeks in advance. Within 2 weeks of program, all money is forfeited.

We may revoke this contract at any time by giving a refund and may make changes to scheduling as we see fit. If party receiving the camp program wishes to cancel or discontinue, any & all pre-paid money will be forfeited. No refund for early withdrawal. No exceptions! Pre-payment is required.

#### Release and Waiver of Liability

In consideration of services to be received, the undersigned hereby releases and forever discharges Napa Valley Summer Camps, Silver Lining Child Care Center Lic #283006649, Main Street Martial Arts, LLC., its heirs, successors, administrators, staff, independent contractors, renters, landlords and assigns from any and all actions, cause of action, liability claims and demands upon or by reason of any damage, loss, injury or suffering known and unknown, which may be sustained by the student(s) in connection with, and in course of, receiving this training and technique(s) from the teacher(s), instructor(s), staff, official(s), or employee(s) of this school or any fellow students in the connection therewith and within the course of taking training or lessons for the purpose designed in this application. I/We hereby waive all of my/our rights to the claims, actions, cause of action, demand or suit of loss, injury, damage or suffering sustained as a result of anything other than gross negligence on the part of the school. The undersigned assumes all the risks inherent and incident to this type of sports activities as a condition for applying for admission to this school for the purpose hereinabove stipulated.

**IMPORTANT NOTE:** Please provide a bagged lunch and a snack for your child/children each day, to include drinks (except Friday when we have a pizza party). Thank you. Program hours are 8:30-2:30 (we offer extended early drop off at 7:30 am and late pick up by 5:30 pm...ask for prices and availability).

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

By signing this contract I attest that I have read, understand and agree to the terms of this agreement

Drop off and pick will be at Main Street Martial Arts, 144 S. Coombs St, Napa 224-6431

#### Emergency Health Information

Family Physician name and telephone: \_\_\_\_\_ Allergies? \_\_\_\_\_

Family Orthodontist/Dentist and telephone: \_\_\_\_\_

Health insurance information: \_\_\_\_\_

In case of any medical emergencies, 911 will be called and used as the portal of entry into the health care system of Napa.

In which week(s) are you enrolling? 1 2 3 4 5 6 7 8 9 (please circle) see next page for dates

Credit Card authorization...# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EXP. \_\_\_\_/\_\_\_\_

Printed name on card: \_\_\_\_\_ Signature: \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

By signing above, I authorize the camp tuition to be charged to my credit card in advance.

<b>Week 1</b>	<b>June 13-17</b>
<b>Week 2</b>	<b>June 20-24</b>
<b>Week 3</b>	<b>June 27-July 1</b>
<b>Week 4</b>	<b>July 5-8 (short week)</b>
<b>Week 5</b>	<b>July 11-15</b>
<b>Week 6</b>	<b>July 18-22</b>
<b>Week 7</b>	<b>July 25-29</b>
<b>Week 8</b>	<b>Aug 1-5</b>
<b>Week 9</b>	<b>August 8-12</b>