



AIM SUMMER CAMP REGISTRATION

Participant Information

Parent's Name: _____ Phone: _____ Email: _____

Child's Name: _____ Age: _____ Birthday: _____

Friend Request: _____ (We will do our best to group together)

Please:

Return Completed Packet to Billy Hilliard at AIM.

Email attachment to billy@aimsportsgroup.com or

Mail to Billy Hilliard, AIM Sports Group 1718 Apollo Ct., Seal Beach, CA 90740 or

Drop off at our office between 8am and 5pm - use outside mailbox if after hours.

Completed forms due no later than the Thursday before desired week!

Please email billy@aimsportsgroup.com for any questions.

	June 19-23	June 26-30	July 3-7 (No camp July 4 th)	July 10-14	July 17-21	July 24-28	July 31-Aug 4	Aug 7-11	Aug 14-18	Aug 21-25
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full-Week Camp Ages 5-12	\$250	\$250	\$200	\$250	\$250	\$250	\$250	\$250	\$250	\$250
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Early Drop/Late Pick Up*	Early Drop/Late Pick Up*	Early Drop/Late Pick Up*	Early Drop/Late Pick Up*	Early Drop/Late Pick Up*	Early Drop/Late Pick Up*	Early Drop/Late Pick Up*	Early Drop/Late Pick Up*	Early Drop/Late Pick Up*	Early Drop/Late Pick Up*	Early Drop/Late Pick Up*
Single-Day Registration** \$60/Day	M T W TH F	M T W TH F	M F W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F

* Early Drop Off is from 8am-9am and Late Pick Up is from 4pm-5pm

** Based on availability. Priority will be given to Full-Week Camp Participants.

Summer Camp T-Shirt \$10 Size: YS YM YL AS AM AL

PAYMENT

CASH CHECK PAID ALREADY ONLINE

CREDIT CARD CARD TYPE _____ CARD NUMBER _____

CARD EXPIRATION (MM/YY) ____ / ____ CARD SECURITY CODE _____ ZIP CODE _____

CARDHOLDER SIGNATURE: _____

TOTAL ORDER AMOUNT: _____

Parent Signature: _____ Date: _____



Camp Participation Agreement

MINOR PARTICIPATION

This form must be completed by a parent or legal guardian of each child (individually and collectively, "Minor Participant") being enrolled in the selected activity operated by AIM Sportsplex ("Program").

_____	_____	____/____/____	_____	_____
Full Name of Minor Participant 1 (First, M.I., Last)	Nickname	Date of Birth	Grade	Gender

Address, City, State, Zip Code

_____	_____	____/____/____	_____	_____
Full Name of Minor Participant 2 (First, M.I., Last)	Nickname	Date of Birth	Grade	Gender

Address, City, State, Zip Code

_____	_____	_____
Name of Parent or Legal Guardian No. 1	Daytime Telephone	Evening Telephone

_____	_____
Address, City, State, Zip (If Different)	Employer

_____	_____	_____
Name of Parent or Legal Guardian No. 2	Daytime Telephone	Evening Telephone

_____	_____
Address, City, State, Zip (If Different)	Employer

_____	_____
Beginning and End Dates of Enrollment	Total Weeks

SPECIAL INSTRUCTIONS TO REACH PARENT/GUARDIAN (If NONE, please state NONE):

ADMISSION OF MINOR PARTICIPANT

AIM SPORTSPLEX, LLC, its affiliates, subsidiaries, officers, directors, employees, independent contractors, representatives, volunteers, and successors or assigns, all of whom shall be collectively referred to and embraced herein as "AIM," will allow only a parent, legal guardian or authorized adult to admit Minor Participant into the care of AIM by signing Minor Participant into the care of AIM. I will not leave the Minor Participant at the Program unless an AIM staff member is there to receive and supervise Minor Participant. AIM will not at any time accept a sick child for care. In the event my child gets sick and needs to leave AIM, I agree to pick up my child immediately.

EMERGENCY CONTACTS AND WITHDRAWAL OF MINOR PARTICIPANT

I understand that the Minor Participant may only be signed out of the care of AIM to Minor Participant's parent or legal guardian, to a person that has been identified as an emergency contact or other authorized pickup below, or to a person previously authorized in writing to pick by the Minor Participant's parent or legal guardian. All such individuals are responsible for compliance with AIM's policies and procedures. **Government-issued picture identification will be required every time the Minor Participant is to be released from AIM.** Any person authorized to pick up the Minor Participant must be listed below or have obtained prior written permission from the undersigned:

In the event of an emergency, the parent(s) listed above will be notified first. Please list additional emergency contacts below in case the parent(s) are unable to be notified. All emergency contacts below are authorized to pick up Minor Participant for non-emergency purposes:

Emergency Contact	Address	Home Phone	Cell/Work
Emergency Contact	Address	Home Phone	Cell/Work
Name of Authorized Pick-Up	Address	Home Phone	Cell/Work
Name of Authorized Pick-Up	Address	Home Phone	Cell/Work

AIM Management may withdraw Minor Participant from participating in the Programs as a final disciplinary option, or because of a Minor Participant's illness or injury. After removing Minor Participant for such a reason, AIM will supervise Minor Participant until an authorized adult is able to sign such child out of AIM's care.

SPECIAL NEEDS

Please list below any special needs, allergies, food sensitivities, medical conditions (chronic or acute), disabilities, specific actions that should be taken in the event of an emergency, or other information AIM may need to make the Minor Participant's experience a positive one. (If none, please state NONE):

Minor Participant 1

Minor Participant 2

SPECIAL ACTIVITIES

The undersigned hereby gives permission for the Minor Participant to participate in a Program involving activities such as, but not limited to gym games, sport specific games, arts and crafts, self-select stations, and weekly field trips. If I foresee any issues with the Minor Participant participating in any of the camp activities it is my responsibility to notify the camp supervisor. At the time of registration I have concerns with the following activities noted below (If none, please state NONE):

Minor Participant 1

Minor Participant 2

MEDICAL ATTENTION

I agree that I will inform AIM within 24 hours or the next business day after the Minor Participant or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases, which must be reported immediately. I agree that in the event the Minor Participant is involved in an accident that requires medical attention, the undersigned will be responsible for making all decisions related to all medical and survival procedures for the Minor Participant, including but not limited to the decisions about medical care, the administration of drugs and the performance of any and all life sustaining procedures. The undersigned further agrees to make any and all arrangements for the Minor Participant's transportation and admittance to any hospital, health center or medical clinic in the event of any emergency situation involving the Minor Participant. In the event that parent(s) or emergency contacts are unavailable and it should become necessary, I authorize AIM to make decisions regarding any and all medical and survival procedures for the Minor Participant. The undersigned agrees that AIM, its staff members, volunteers and chaperones will not be held liable for any accident or losses, however caused.

MINOR PARTICIPANT'S PHYSICIAN

Name and Address of Physician/Clinic

Number

IMMUNIZATIONS

- I certify that the Minor Participant has received all necessary immunizations from a medical professional and the immunizations are current.
- The Minor Participant has NOT received all necessary immunizations due to the immunization being detrimental to the Minor Participant's health, or due to personal or religious beliefs. I agree that AIM is not liable for the Minor Participant contracting any viruses while participating in that Program

ADMINISTRATION OF MEDICATION

Please check one of the following:

- I DO NOT wish AIM to administer any medication, either prescription or over-the-counter, to the Minor Participant during the Program.
- I DO wish a designated AIM staff member to administer medication, either prescription or over-the-counter, to the Minor Participant during the Program. I understand that AIM requires the following items and **that no medications will be administered by AIM until the following have been properly provided.**

Prescription Medications

Physician's Letter. The undersigned must have a physician provide a signed letter to AIM addressing the following for any type of medication to be administered: (i) name of medication (ii) purpose for medication, (iii) dosage and frequency, (iii) duration of medication, (iv) method of administration, and (v) any additional instructions, adverse reactions, precautions or other relevant information. This letter must include the name and birth date of the Participant as well as the name, telephone and fax number of the physician. I understand that the medication will be administered according to the direction of this physician and that any changes in medication require an updated letter from a physician before the medication will be administered by AIM; and Medication Container. Any prescription medication to be administered during the Program must be provided in a container with a pharmacy label clearly stating the Participant's name, medication dosage and frequency the date of the prescription and the recommending physician's name. Any over-the-counter medications to be administered during the Program must be provided in its original container and have the Participant's name, frequency and dosage clearly marked on the container. Any medication must be delivered only to a Program director by a parent or legal guardian of the Participant. I understand that any changes in any medication require a new container that meets that requirements listed in this section.

FEE POLICY

Full payment for the Programs must accompany each Minor Participant's registration.

CANCELLATION POLICY

Refund Policy. All cancellation requests must be made in writing to Billy Hilliard. Cancellation requests must be submitted 7 days before the first day of camp for each week/period. If request is made after this time frame, all payments will be forfeited.

LATE PICK-UP FEE POLICY

AIM requires that a parent, legal guardian, or other authorized pick-up call the AIM main office if he or she knows or suspects that he or she will be late in picking up the Minor Participant. A late Pick-Up Fee will be charged in the amount of \$20 for the first 15 minutes that parent, legal guardian, or other authorized pick-up is late and \$1.00 per minute thereafter. This Late Pick-Up Fee is payable upon the parent, legal guardian, or other authorized pick-up's arrival or it will be due the following day with an additional \$5.00 late charge. If the Minor Participant is left for 2 hours past the Program pick up time without parent or legal guardian notifying the staff and the staff is unable to locate an emergency contact, the police will be notified. If the Minor Participant is left for 1 hour or more past the Program pick up time on 2 occasions without notifying the AIM office, Minor Participant will no longer be allowed to participate in the Program. Upon such event, no fees will be refunded by AIM.

FOOD POLICY

Minor Participant's are required to bring their lunch daily. We also encourage bringing a water bottle (with the Participant's name). Participants will have designated times to break for lunch and snacks. Participants will also have adequate breaks (or when needed) for water and to refill their water bottles. AIM will have water and healthy snacks for sale. Minor Participant's parent or legal guardian is responsible for providing the meal or meals for Minor Participant while he or she is in AIM's care.

No refrigeration will be provided for meals; please include only appropriate non-perishable food items. Please ensure that each meal is labeled with your child's name and date.

POLICIES, RULES AND REGULATIONS

I understand and will comply with all rules and regulations in the Program, which are subject to change at any time in AIM's discretion. I hereby agree that I, as well as the Minor Participant, will comply with all policies rules and regulations established for the Program. AIM accepts registration on a space-available basis so early registration is recommended. AIM reserves the right to cancel Program with low enrollment. Make-up sessions are not given for any missed sessions. AIM reserves the right to remove the Minor Participant from the Program and not allow the Minor Participant to register for any additional programs. AIM may remove any child for conduct that is deemed detrimental to the Program or AIM, including, but not limited to showing respect for others, treating equipment properly and obeying AIM staff members. If AIM has reason to suspect that a child is abused or neglected, AIM may be required to report that matter immediately to the local department of the county or city where the child resides or where the abuse or neglect is believed to have occurred.

ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY, AND INDEMNIFICATION

In consideration of the participation in the Program(s) above, which includes use of AIM premises or participation in off-premise activities as defined below, by Minor Participant, I hereby agree to all of the terms and conditions in this CAMP REGISTRATIO, including specifically the ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY, AND INDEMNIFICATION provisions.

1. **ASSUMPTION OF RISK.** I understand that there are inherent risks of injury in the use of AIM's premises while participating in AIM's Program(s), including but not limited to its indoor basketball/volleyball courts as well as fitness studio, parking lot, lobby, entryways, and sidewalks (Use of AIM premises). I also understand there are risks of injury in participation in the Program(s) that take place outside (collectively, "Risks").

I understand that such Risks include but are not limited to slip and falls, trips, collisions, overexertion, loss or theft of property, equipment failure or malfunction, or other accidents or incidents that may result in harm, loss, disability, death or other injury or damage to my Minor Participant. I understand that such injuries may include, but are not limited to, minor or major personal, physical, bodily, emotional, mental, economic, property or other types of injuries or damages, including but not limited to scrapes, bruises, sprains, torn or damaged muscles or ligaments, broken bones, burns, respiratory or auditory problems, concussion, strokes, heart attacks or stress, lost wages, lost earning capacity, lost or stolen property, pain and suffering, disfigurement, paralysis, brain damage, or death ("Injury" or "Injuries")

I understand that such injuries may be caused, in whole or in part, by the negligence of AIM (which includes is subsidiaries and employees, me, my Minor Participant, other participants in the Program, and/or other guests.

I fully understand and appreciate, knowingly and voluntarily accept, specifically assume responsibility for, and freely choose to allow my Minor Participant to participate in the Program(s), which include the Use of AIM Premises in spite of, the Risks of Injury set forth above.

2. **WAIVER AND RELEASE OF LIABILITY.** On behalf of myself and my spouse/partner, children/Minor Participant, parents, guardians, heirs, next of kin, personal representatives, assigns and estate, I hereby voluntarily and forever release and discharge AIM from, covenant and agree not to sue AIM for, and waive any and all present and future claims, demands, actions, causes of action, damages, losses or any other alleged liabilities or obligations, whether known or unknown ("Claims"), for any Injuries (which includes personal injuries and property damage) to me or my Minor Participants sustained in the Use of AIM Premises which arise out of, result from or are caused by, the negligence of AIM("Waived Claims").

3. **INDEMNIFICATION AND LEGAL DEFENSE.** I agree to defend, indemnify, protect and hold and save harmless AIM against any and all Waived Claims, including but not limited to those arising out of, resulting from or caused even in party by Life Time's negligence, as well as any other Claims arising out of, resulting from, or caused by the Use of AIM Premises, by me or my Minor Participant.

RELEASE OF IMAGE AND LIKENESS

The undersigned hereby irrevocably consents to and grants AIM the exclusive and unlimited right to use and reproduce any and all photographs, slides, moving pictures, audio and visual recordings or testimonial accounts taken by AIM that contain my Minor Participant's name, image, voice, likeness or account, for any lawful purpose whatsoever and using any means available including but not limited to any of AIM's records, corporate public relations or marketing communication material, social media campaigns, either with without the Participant's name or photo accompanying such quotation. I waive the right to inspect, approve or edit any such use or reproduction, and AIM may make any and all changes, modifications, rearrangements, additions or deletions in its use reproductions without any approval.

I hereby certify that I have read and understand this entire Agreement and agree to and accept the terms and conditions of this entire application. Minor Participant will receive the privilege of participating in the Program, and I agree that he or she will abide by all rules and regulations of AIM, which are subject to change which, in the opinion of AIM management, are deemed necessary and reasonable for the best interest of participants in its Programs and AIM.

Signature of Parent or Legal Guardian of the Minor Participant

Date