



Guest Relations Staff Only	
Registration	____/____/____ Staff _____
Receipt attached	____/____/____ Staff _____

Summer 2017 Day Camp Registration Form

Week

- | | |
|---|--|
| <input type="checkbox"/> 6/12-16
<input type="checkbox"/> 6/19-23
<input type="checkbox"/> 7/5-7/7*
<input type="checkbox"/> 7/10-14
<input type="checkbox"/> 7/17-21 | <input type="checkbox"/> 7/31-8/4
<input type="checkbox"/> 8/7-11
<input type="checkbox"/> 8/14-18

<p style="text-align: center;">*Short week for July 4th</p> |
|---|--|

Days

- | | | | | | |
|-----------|---|---|---|---|---|
| Whole Day | <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |
| Half Day | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> am <input type="checkbox"/> pm |

Day Camp for ages 13&Under run from 9:30-3:30. Half days run from 9:30-12:00 and 1:00-3:30

High School/Middle School Camp runs from 9am to 3pm. Half days from 9:00-11:30 and 12:30-3:00.

If you wish to drop-off earlier or pick-up later, you will need to sign up for the Aftercare program.

Date: _____ (must submit registration by Wednesday of week prior to expected attendance).

Whole Days _____ (x\$40) **Half Days** _____ (x\$25) **Weekly Aftercare:** _____ (x\$45) **Total** _____

Participant Name: _____ **Age Group:** 13&Under HS/MS

Parent Name(s): _____ **Diver D.O.B** ____/____/____

Mother Cell: _____ **Father Cell:** _____

Parent Email: _____

Emergency Contact: **Name:** _____ **Number:** _____

US Diving # _____ **AAU #** _____

Membership in one of these organizations is required. You may attain an AAU membership at: diveaa.org

By the enrollment of my child in this program, sponsored by Huntersville Family Fitness & Aquatics, I certify that I have disclosed to this facility any restrictions or conditions that may hinder myself and/or my child's participation in this program. In signing this waiver, I also give my permission for myself and/or my child to participate in all activities associated with this program, including those activities/field trips required or involving transportation.

I furthermore hereby release, discharge and hold harmless Huntersville Family Fitness & Aquatics & Carolina Diving Academy, its employees, volunteers, instructors and contractor from all actions, claims demands and costs for any injury or illness suffered by myself and/or my child as a result of participation in this program and associated activities.

_____/_____/_____
 Participant Signature (Parent/Guardian signature if under age 18) Date



2016-2017 Carolina Diving Academy Charge Authorization

Huntersville Family Fitness & Aquatics requires the following information and your authorization to charge your credit/debit card for the months your child(ren) are participating.

Payments will be deducted on the 15th of each month.

Week

- | | | | |
|--------------------------|----------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | 6/12-16 | <input type="checkbox"/> | 7/31-8/4 |
| <input type="checkbox"/> | 6/19-23 | <input type="checkbox"/> | 8/7-11 |
| <input type="checkbox"/> | 7/5-7/7* | <input type="checkbox"/> | 8/14-18 |
| <input type="checkbox"/> | 7/10-14 | | |
| <input type="checkbox"/> | 7/17-21 | | *Short week for July 4 th |

Days

- | | | | | | |
|-----------|---|---|---|---|---|
| Whole Day | <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |
| Half Day | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> am <input type="checkbox"/> pm |

Extended Care

Extended care is available from 8 to 9:30am and 3:30 to 6pm at \$45 per week Yes No

Whole Days _____ (x\$40) Half Days _____ (x\$25) Weekly Aftercare: _____ (x\$45) Total _____

Child's Name: _____

Name as it appears on card: _____

Credit Card Type: Visa Mastercard Exp. Date _____

Credit Card #: _____

By signing below, I hereby authorize HFFA to charge the above credit card for my child(ren) to participate in Carolina Diving Academy. I understand this information is confidential and will be kept as part of my records. I will notify Huntersville Family Fitness & Aquatics if I change financial institutions/credit card numbers so that my tuition is not delayed.

Parent Signature: _____

Date: _____