

SUMMER CAMP 2010 REGISTRATION

IMPORTANT
For more than one child list oldest first.

PRE CAMP	SESSION A		SESSION B		SESSION C		SESSION D		POST CAMP	
	WK2 "A"	WK3 "A"	WK4 "B"	WK5 "B"	WK6 "C"	WK7 "C"	WK8 "D"	WK9 "D"	WK10	WK11
JUNE 14-18	JUNE 21-25	JUNE 28 - JULY 2	JULY 5-9	JULY 12-16	JULY 19-23	JULY 26-30	AUG 2-6	AUG 9-13	AUG 16-20	AUG 23-27

PLEASE NOTE: 1) We can only guarantee enrollment into our 2 week programs if you register with the starting date of such program. If this is not possible, please select one of our single week programs.
2) A fully completed Medical Emergency Form must be on file prior to participation in any program.

CHILD 1 LAST NAME _____ FIRST NAME _____ M ____ F ____ BIRTH DATE _____ TOTAL WEEKS _____

PROGRAM ENTER CODE:												
\$ AM/PM CARE	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM
	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM
	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH

CHILD 2 LAST NAME _____ FIRST NAME _____ M ____ F ____ BIRTH DATE _____ TOTAL WEEKS _____

PROGRAM ENTER CODE:												
\$ AM/PM CARE	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM
	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM
	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH

CHILD 3 LAST NAME _____ FIRST NAME _____ M ____ F ____ BIRTH DATE _____ TOTAL WEEKS _____

PROGRAM ENTER CODE:												
\$ AM/PM CARE	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM
	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM
	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH

CHILD 4 LAST NAME _____ FIRST NAME _____ M ____ F ____ BIRTH DATE _____ TOTAL WEEKS _____

PROGRAM ENTER CODE:												
\$ AM/PM CARE	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM
	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM	<input type="radio"/> PM
	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH	<input type="radio"/> BOTH

PARENTS NAME _____ HOME PHONE # _____

WORK PHONE # _____ EX _____ CELL PHONE # _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

(New: Rather than sending home notices, we communicate with you via email)

RELEASE & INDEMNIFICATION & ACKNOWLEDGEMENT OF RISK AGREEMENT

I (we), the undersigned, hereby request permission for myself and/or my (our) child(ren) to be enrolled in activities at the Gerstung Center, to include, not limited to: gymnastics, dance, performing arts, fitness, rock-climbing, venture sports, and/or other exercise, lessons in fine arts or activities of therapeutic, rehabilitative or educational nature and to enter the premises known as 1400 Coppermine Terrace, (hereinafter "Gerstung") to use the equipment, property and participate in activities, including parties, camps, classes, meetings, special events or club membership privileges (hereinafter "Activities").

I (we) herewith agree to abide by the current and applicable rules and regulations for the special event, party, camp, class and/or membership. If a minor under the age of 18 is registered, I (we) assume responsibility for my (our) child's behaviour and actions and will advise my child of such rules and regulations. During the use of any equipment or property by Gerstung or during the participation in any Activities at Gerstung, I (we) understand that certain risks and dangers exist or may occur, including or not limited to breaks, sprains, cuts and bruises. I (we) acknowledge and understand and hereby agree also, on behalf of those listed below, to assume the risks and other related risks in the use of Gerstung's services, equipment and facilities, and voluntarily assume the risk of injury, accidents, and loss or damage of personal property that may occur from participating in such Activities. I (we) hereby release and agree to indemnify Gerstung from any and all claims in connections therewith.

I (we) acknowledge that I (we) have been provided with a current brochure of membership information and understand its content, including, but not limited to the description, the activity schedule, the tuition, membership rules, extra charges, and discounts, dress code, inclement weather policy, holidays and closings.

I (we) have inspected the premises and the equipment and I (we) realize the risks of illness and serious injury, even with catastrophic or fatal results present in the use of such equipment and participation in activities on or about Gerstung's premises. I (we) also know that unanticipated dangers may arise during such activities and I (we) assume all risks of injury to myself and/or my (our) child(ren).

Because of the inherent danger of sport, activity or program I am (we are) undertaking I (we) must be aware of my (our) medical history, my (our) present physical and emotional condition and my (our) physical ability. I am (we are) herewith advised to consult with a physician prior to engaging in such activity of continuing the activity, if a medical condition appears or appears to be developing.

I (we) recognize that photographs and video films are occasionally taken during these times and that these pictures often are used for teacher training, professional publications, promotions, or for marketing purposes. I (we) hereby give my (our) permission to Gerstung for photographs or videotapes to be taken for the purpose of, and use in, publications, promotions, and for other reasons that could expose a recognizable member of my family to the public. I (we) hereby release and agree to indemnify Gerstung from any and all claims in connection with the use of my (our) picture or likeness in any such presentation.

I (we) do hereby waive and release Gerstung, its officers, directors, employees, and agents (herein collectively "Gerstung") from and against all claims of any sort of injuries sustained on account of injury to my (our) person or property, and due to negligence or any other fault. I (we) further agree to indemnify and hold harmless Gerstung from and against any and all claims, cost, liabilities, expenses, or judgements, including attorney's fees and court cost, which I (we) now have or which may arise in the future in connection with my (our) participation in any Activity at Gerstung due to negligence or any other fault.

I (WE) HAVE CAREFULLY READ AND UNDERSTOOD THE FOREGOING RELEASE AND INDEMNIFICATION AND ACKNOWLEDGEMENT OF RISK AGREEMENT AND FULLY UNDERSTAND ITS TERMS AND CONTENTS. I (WE) FURTHER UNDERSTAND THAT IT SHALL REMAIN IN FULL FORCE AND EFFECT FOR ANY CURRENT ENROLLMENT,

		SUB TOTAL
	SUBTRACT EARLY REGISTRATION DISCOUNT	\$ _____
(Deduct 15% if paid by January 15th) (Deduct 10% if paid by February 10th) (Deduct 5% if paid by March 5th)	DISCOUNT TOTAL	\$ _____
DOWN PAYMENT (\$100-/Per-Child/Per-Week)	DOWN PAYMENT TOTAL	\$ _____
	SUBTRACT DOWN PAYMENT FROM TOTAL	BALANCE DUE
		\$ _____
		TOTAL
		\$ _____

<input type="checkbox"/> CHECK \$ _____ Payable to Gerstung Inter-Sport	<input type="checkbox"/> CASH \$ _____
<input type="checkbox"/> CREDIT	
\$ _____ ACCOUNT NUMBER	EXP-DATE _____
<input type="checkbox"/> MASTER CARD	
<input type="checkbox"/> VISA	CARDHOLDER'S NAME _____
<input type="checkbox"/> AMEX	V-CODE _____
<input type="checkbox"/> DISCOVER	BILLING ADDRESS _____
	ZIP CODE _____
<input type="checkbox"/> Charge balance of tuition to credit card when due	<input checked="" type="checkbox"/> AUTHORIZED SIGNATURE _____
<input type="checkbox"/> Invoice me for balance of tuition	

VISITING, OR MEMBERSHIP PERIODS, AS WELL AS FOR ANY FUTURE ENROLLMENT, VISITING, OR MEMBERSHIP PERIODS. I SIGN THE RELEASE AS MY OWN FREE ACT. I AM IN POSSESSION OF A CURRENT SUMMER SPECTRUM BROCHURE AND HAVE READ AND AGREE TO THE POLICIES ON THE GENERAL INFORMATION PAGE OF THIS BROCHURE AND WILL ADHERE TO THE CONTENT AND GIVE AUTHORIZATION FOR MY CHILD(REN) TO PARTICIPATE IN SPECIALIZED ACTIVITIES AS LISTED IN THE PROGRAM DESCRIPTION.

X Signature of Parent, Legal Guardian, or Enrolling Adult _____ Date _____

Send To: 1400 Coppermine Terrace, Baltimore, MD 21209-2012 Phone: 410-337-7781, FAX: 410-337-0471

OFFICE USE ONLY: