



# Elsass Academy Westlake Spring Break Camp 2020 Registration Form (ASC)



Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_ Grade Level: \_\_\_\_\_

## Check dates attending:

- Mon. March 16: Swim & Gym at Crenshaws (1:00-5:00pm)
- Tue. March 17: Pop, Fizzle, Crackle (In-House)
- Wed. March 18: Blue Baker (9:00am-12:00pm)
- Thur. March 19: Swim & Gym at Crenshaws (1:00-5:00pm)
- Fri. March 20: Umlauf Sculpture Garden & Zilker (9:00am-12:40pm)

\_\_\_\_\_ Total number of days attending

*\*Tentative field trip departure/arrival times– a final schedule will be emailed March 5th*

## Pricing Information:

- The cost of Spring Break Camp is \$60 per day *or* \$250 for the week (5 days)
- Discount for the full week can only be applied *prior* to the start of camp. If you add additional days of care *after* the start of camp, the charge for those days will be \$60 per day.
- All fees are **non-transferable and non-refundable**.
- Payments may be made by credit card, check, cash or money order.

## Registration Procedures:

- **Students Currently Enrolled in After School Care:**

*Please return this form along with your payment to the office.*

- **Students NOT Currently Enrolled:**

*Please return your **completed Packet** (Registration Form, Enrollment Form and Release) along with your payment to the office or mail to: Elsass Academy Westlake - 4015 Bee Caves Rd. - Austin, TX 78746*

- Spaces are limited and are filled on a first-come, first-serve basis.
- No spot will be held without completed paperwork and payment in full.
- Hours of camp are 7:00am–6:30pm daily. Field trip/activity times will vary daily.

*By signing below, I am acknowledging that I have read the above information and policies, and agree to abide by them:*

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## Elsass Academy Westlake Special Activities Enrollment Form



**Child's Info** (please print)

|              |                        |                                  |          |
|--------------|------------------------|----------------------------------|----------|
| Last:        | First:                 | Child's Sex: <b>M</b> / <b>F</b> | DOB: / / |
| Grade Level: | Allergies/ Medication: |                                  |          |

**Mother's Information** **Father's Information**

|                     |             |                     |             |
|---------------------|-------------|---------------------|-------------|
| Last:               | First:      | Last:               | First:      |
| Cell #: ( )         | Work #: ( ) | Cell #: ( )         | Work #: ( ) |
| Email:              |             | Email:              |             |
| Address:            |             | Address:            |             |
| City / State / Zip: |             | City / State / Zip: |             |

**Emergency Contact Information** *(must be provided in case parents / legal guardians cannot be reached)*

|            |                        |
|------------|------------------------|
| Full Name: | Relationship to Child: |
| Address:   | Phone Number:          |

**Authorized Pick Ups:** *In addition to the above Emergency Contact, I authorize Elsass Academy Westlake to release my child to:*

|       |        |                        |
|-------|--------|------------------------|
| Name: | Phone: | Relationship to Child: |
|-------|--------|------------------------|

**Emergency Medical Attention:** In the event I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to the following:

Physician/Hospital: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Policies and Procedures:**

**Immunization Record:**  I certify that my child's immunization record is current and on file at the following Elementary School: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

**Hours of Operation:**  Elsass Academy Westlake is open from 7:00 a.m. to 6:30 p.m. daily. I understand there is a **Late Pick Up Fee of \$1 per minute** that is to be paid directly to the supervising teacher if my child is picked up after 6:30 p.m.

**Nutrition Policy:**  I understand that: Elsass Academy Westlake does not provide lunch, only a morning and afternoon snack. As a parent/legal guardian, I am responsible for meeting my child's daily nutritional needs.

**Transportation:** I hereby  give  do not give — my consent for my child to be transported and supervised by Elsass —  on field trips  from school  to/from Crenshaw's  for emergency care

**Field Trips:** I hereby  give  do not give — my consent for my child to participate in field trips.

**Water Activities:** I hereby  give  do not give — my consent for my child to participate in the following water activities:  sprinkler play  splashing/wading pools  swimming pools  other bodies of water provided

**Media Release:** I hereby  give  do not give — permission for my child's name, picture, art, written work, voice, verbal statement or portraits (video or still) to appear in Elsass Academy Westlake/Crenshaw Athletic Club classrooms, publications, videos or on the school's website. If consent is granted, we will notify you prior to using any image or statement regarding your child.

**Communication:** I hereby  give  do not give — permission to release my contact information to be used by Elsass Academy Westlake for communication purposes such email notifications, newsletters, etc.

*By signing below, I am acknowledging that the above information is correct. I give consent for Elsass Academy Westlake to secure any and all necessary emergency care for my child, I have read the policies on this page and agree to abide by them:*

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# Elsass Academy Westlake Release Form



Student Name: \_\_\_\_\_

## Please Read and Sign:

All precautions will be taken to prevent injuries. Simple first aid will be administered to all minor injuries and parents and/or doctors will be called when necessary. However, in the event that arrangements must be made for emergency medical attention at the time of illness or accident, I hereby authorize Elsass Academy/Crenshaw Athletic Club to take my child to \_\_\_\_\_ Hospital. In return for the use, today and on all future dates, of the property, facilities and services (the "Facilities") of Elsass Academy/Crenshaw Athletic Club ("Elsass" or "Crenshaws"), the undersigned, for himself/herself, and on behalf of his/her children, heirs, assigns, and legal representatives, hereby expressly agrees to:

- (1) ASSUME any and all risks to self and/or my/our children involved in or arising from the use of or presence upon the facilities, including, without limitation, the risk of bodily injury, property damages or death. I/we are fully aware of and understand the risk of catastrophic injury, paralysis, and even death as well as other damages and losses associated with the participation at Elsass/Crenshaws and/or being on the facilities.
- (2) RELEASE Elsass/Crenshaws and all of its successors, assigns, subsidiaries, officers, directors, employees, and agents from, and agree not to sue them on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of my/our or my/our child's use of or presence upon the facilities, including, without limitation, those based on death, bodily injury or property damages; whether or not caused by the negligence or other fault of Elsass/Crenshaws, of its agents, employees, or servants, whether paid or volunteers.
- (3) INDEMNIFY, hold harmless, and defend, at my/our own cost, Elsass/Crenshaws, its agents, employees and servants from any and all liability, damages, losses, claims, judgments, costs or expenses, including attorney's fees, which in any way arises from my/our or my/our child's use of or presence upon the facilities, irrespective of whether such liability, damages, losses, claims, judgments, costs or expenses were actually or allegedly caused wholly or in part through the negligence of Elsass/Crenshaws or any of its agents, employees or servants, whether paid or volunteers.

**I have read and understand this assumption of risk, release and indemnification agreement and agree to abide by its terms. I understand a copy of this agreement will be made available for me at my request.**

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_