



2018 All-Sports Summer Camp Registration

Week Selection:

Please list the child(ren) attending each week.

June 25th - June 29th

July 2nd - July 6th (4-day week - closed July 4th) *

July 9th - July 13th

July 16th - July 20th

July 23rd - July 27th

July 30th - August 3rd

August 6th - August 10th

August 13th - August 17th

August 20th - August 24th

*The fee for the July 2nd to July 6th camp week is pro-rated at 80% (4-day week - closed Wed. July 4th)

Camper Information:

Name (1st child):	Date of Birth:	Age:
Gender:	Grade (Sept. 2018):	
Name (2nd child):	Date of Birth:	Age:
Gender:	Grade (Sept. 2018):	
Name (3rd child):	Date of Birth:	Age:
Gender:	Grade (Sept. 2018):	

Parent Name:	E-mail:
Address:	
City:	State:
Home phone:	Cell phone:
Emergency Contact:	Emergency Phone:
Alternate Pick Up Permission:	

Please check here if the emergency contact may also be listed as an alternate pick-up: _____

Camp Fees & Payment: Please check the applicable enrollment option

Full Day

Half Day (9am-12:30pm - includes lunch)

_____ \$475 per child per week for 1 week

_____ \$285 per child per week for 1 week

_____ \$450 per child per week for 2 weeks

_____ \$270 per child per week for 2 weeks

_____ \$425 per child per week for 3 to 5 weeks

_____ \$255 per child per week for 3 to 5 weeks

_____ \$400 per child per week for 6 to 9 weeks

_____ \$240 per child per week for 6 to 9 weeks

_____ **If payment in full is received by 5/1/18; there is an extra \$100 discount per week**

_____ **Sibling discount of \$50 off per week for second child and \$75 off per week for third child**

Payment:

Payment by credit card or check is accepted.

Credit Card Information:

Card Holder's Name

Credit Card Number

Exp Date

Please make checks payable to: NVSA

Send form and payment to :

NVSA - 100 Oakland Avenue, Closter, NJ 07624

Medical Release Form

Insurance Company: _____ Policy Number: _____

List all allergies and medical conditions (Indicate child's name): _____

_____ Epi-Pen Prescribed: _____

*****Epi-Pen and permission to administer MUST be provided prior to first day of camp*****

Does your child require medication? Yes No

If so, please list all medications (Indicate child's name): _____

****A copy of your child's immunization has to be provided as part of registration or a statement from a physician that it is in progress.** (Campers without records will not be permitted to attend camp)

I hereby authorize the staff of Suj6LLC, DBA, NVSA/Northern Valley Sports Academy, to act for me according to their best judgment in any emergency requiring medical attention for my child, if I cannot be contacted. In consideration of acceptance of my child, I hereby for myself and my child waive and release any claims we may have for damages against the above mentioned organizations, camp operators, their officials, officers, employees or representatives, or their successors and assigns for any and all injuries that may be suffered. **I attest that my child is in sound condition to participate in all activities, I understand by signing this waiver any or all refunds will come in the form of camp credit.**

Parent Signature _____ Date ____/____/____

Relationship to the Camper: _____



RELEASE AND WAIVER OF LIABILITY AGREEMENT
Read Before Signing

Camper Name _____

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death. I **KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless the Suj6LLC, DBA, Northern Valley Sports Academy/NVSA 100 Oakland, Closter NJ, its officers, officials, agents and/ or employees, other participants, sponsors, advertisers and, if applicable, owners and lessors of the premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to **ANY INJURY, DISABILITY OR DEATH** I may suffer, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I do hereby authorize Northern Valley Sports Academy and its assignees to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films.

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement of participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law

X _____
Parent/Guardian Signature

Emergency Phone Number (s)

X _____
Printed Name