



ENROLLMENT CONTRACT 2011

(Please be sure all information is correct – changes may be written in the corresponding areas.)

PARTICIPANT NAME: _____

Gender: _____ Date of Birth: _____ Place of Birth: _____

Home Address: _____ City/Zip: _____

Home Phone: _____

PARENT: _____ Cell Phone: _____ Home Phone: _____

Preferred Title (circle one) Mr. Mrs. Dr. Ms. Miss Other: _____

Home Address: _____ City/Zip: _____

Occupation: _____ Work Phone: _____

PARENT: _____ Cell Phone: _____ Home Phone: _____

Preferred Title (circle one) Mr. Mrs. Dr. Ms. Miss Other: _____

Home Address: _____ City/Zip: _____

Occupation: _____ Work Phone: _____

Contact E-mail: _____

Participant Resides Primarily With: _____ Both Parents _____ Father _____ Mother _____ Legal Guardian

Special Medical Conditions or Needs: _____

Treatment of Special Medical Condition While on Campus: _____

Specific Allergies: _____

Parent/Guardian will provide School with: Inhaler on Campus _____ EpiPens _____ Allergy Meds _____

Permission to Administer: Tylenol _____ Advil _____ Benadryl _____ Visine _____ Anti-Itch Cream _____

Other _____ Dosage: _____ (Default=Age/Weight Appropriate)

Health Insurance Co: _____ Policy # _____

Named of Insured: _____ Phone No. _____

SOUTH BAY JUNIOR ATHLETIC GROUP

RELEASE AND WAIVER

We, (hereinafter called "Undersigned") have full custody of _____ (hereinafter called "Participant"), a minor. In consideration for permitting the Participant to participate in _____ (hereinafter called "Activity") on (Day, Month, Year) _____ between the hours of _____ and _____ The Undersigned voluntarily release, discharge, waiver, relinquish all claims, and covenant not to sue South Bay Junior Athletic Group, a California Limited Liability Company (hereinafter called "SBJAG"), its directors, officers, agents and employees, form all liability to the Undersigned or the Participant and all his/her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on the School or otherwise while the Participant or the Undersigned are engaged in the above-named Activity.

The Participant and the Undersigned hereby assume full responsibility for and risk of bodily injury, death or property damage to the Participant and the Undersigned hereby assume full responsibility for and risk of bodily injury, death or property damage to the Participant and the Undersigned due to negligence of SBJAG, its directors, officers, agents and employees while the Participant and the Undersigned are engaged in the above-named Activity.

The Undersigned further expressly agrees that the foregoing Release and Waiver is intended to be as broad and inclusive as is permitted by the law of the State of California and that if an portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The Undersigned has read and voluntarily signs the Release and Waiver of Liability, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Date _____ Parent or Guardian Signature _____

Date _____ Participant Signature _____

EMERGENCY CONTACTS

In case of unexpected illness or emergency, it is extremely important for the health and welfare of the Participant to be able to immediately contact the parents or guardian.

Residence Phone _____

Father's Daytime Phone, Cell, etc. _____
Mother's Daytime Phone, Cell, etc. _____
Name of Friend or Relative _____ Daytime Phone _____
Name of Friend or Relative _____ Daytime Phone _____
Name of Friend or Relative _____ Daytime Phone _____

Individuals Authorized to Pick Up Participant Daily:

Name: _____ Relationship to Child: _____ Phone: _____
Name: _____ Relationship to Child: _____ Phone: _____
Name: _____ Relationship to Child: _____ Phone: _____

OUT OF STATE CONTACT

Name: _____ Relationship to Child: _____ Phone: _____

Please list the name and telephone number of a medical doctor or other health advisor who is located reasonably near the school, and who, by virtue of the parent or guardian's signature below, will have full authority to render any and all necessary emergency medical or surgical aid to the Participant at the parent's expense.

Health Care Provider's Name _____ Phone _____

AUTHORIZATION OF CONSENT TO TREATMENT OF MINOR

We the Undersigned, parents/guardian of _____, a minor, authorize SBJAG as agent(s) for the Undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 6910 of the Family Law Code of California.

We, the Undersigned, authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions of Section 6910 of the Family Law Code of California to surrender physical custody of such minor to the above-named agent(s) upon the completion treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

These authorizations shall remain effective until revoked in writing and delivered to said agent(s).

Date _____ Parent or Guardian Signature _____

RELEASE FOR IMAGE APPEARING IN CAMP MATERIALS

____ I consent to and authorize

____ I DO NOT consent to and authorize

the use and reproduction by SBJAG of images of any publication, on the website and in other media. Images appearing on the website or other media will not be accompanied by any specific identifying information such as name, place of residence, etc.

I hereby certify that I am the parent or legal guardian of said child, and that I give my consent without reservation to the foregoing on behalf of him/her.

Parent/Guardian Signature _____ Date _____

This paper must be completed, signed, and returned to SBJAG in order for the Participant to participate in this Activity. Permission by telephone or fax is not acceptable. Thank you.

Please send completed contract with payment to:

South Bay JAG
310 S Miraleste Dr., #77
San Pedro, CA 90732

SOUTH BAY

JUNIOR ATHLETIC GROUP



There are three attendance time options for camp. For your convenience, there are **two** ways to register;
 Either select a set time your child will attend each week or select specific days and times.

Full Day: from 8:30AM to 3PM **AM**: from 8:30AM - 11:30 AM and **PM**: from 12:00PM - 3PM

My child will be attending camp for the week(s) of:

June 27th - July 1st

AM ☐
 PM ☐
 Full ☐

July 5th - 8th

AM ☐
 PM ☐
 Full ☐

July 11th - July 15th

AM ☐
 PM ☐
 Full ☐

If you can only attend on certain days of the week please fill out the following calendar:

June 27th AM <input type="checkbox"/> PM <input type="checkbox"/> Full <input type="checkbox"/>	June 28th AM <input type="checkbox"/> PM <input type="checkbox"/> Full <input type="checkbox"/>	June 29th AM <input type="checkbox"/> PM <input type="checkbox"/> Full <input type="checkbox"/>	June 30th AM <input type="checkbox"/> PM <input type="checkbox"/> Full <input type="checkbox"/>	July 1st AM <input type="checkbox"/> PM <input type="checkbox"/> Full <input type="checkbox"/>
July 4th AM <input type="checkbox"/> PM <input type="checkbox"/> Full <input type="checkbox"/>	July 5th AM <input type="checkbox"/> PM <input type="checkbox"/> Full <input type="checkbox"/>	July 6th AM <input type="checkbox"/> PM <input type="checkbox"/> Full <input type="checkbox"/>	July 7th AM <input type="checkbox"/> PM <input type="checkbox"/> Full <input type="checkbox"/>	July 8th AM <input type="checkbox"/> PM <input type="checkbox"/> Full <input type="checkbox"/>
July 11th AM <input type="checkbox"/> PM <input type="checkbox"/> Full <input type="checkbox"/>	July 12th AM <input type="checkbox"/> PM <input type="checkbox"/> Full <input type="checkbox"/>	July 13th AM <input type="checkbox"/> PM <input type="checkbox"/> Full <input type="checkbox"/>	July 14th AM <input type="checkbox"/> PM <input type="checkbox"/> Full <input type="checkbox"/>	July 15th AM <input type="checkbox"/> PM <input type="checkbox"/> Full <input type="checkbox"/>

Rates:

	<u>3 Weeks</u>	<u>2 Weeks</u>	<u>1 Week</u>
<u>Full Day</u>	\$950	\$700	\$350
<u>Half Day</u>	\$455	\$350	\$175

Please make all checks payable to:
South Bay JAG, 310 S Miraleste Dr. #77, San Pedro, CA 90732

New this year! Pay with your credit card by going to
www.southbayjag.weebly.com/contact us and click on the **PayPal** button.