



2020 Virtual Summer Camp Registration Form

Family Name: _____

Date: ____/____/____

Child Information

Last Name	First Name	Gender	Date of Birth	School/Gr. Sept 20
		M F	/ /	
		M F	/ /	
		M F	/ /	
		M F	/ /	

Please indicate any allergies, disabilities or medications here (include name): _____

Family Information

Address: _____ **City:** _____

Home Phone:(____) _____ - _____ **State:** _____ **Zip Code:** _____

Enrollment Information

Program		
<input type="checkbox"/> Musical Theater (Ages 7-13)	<u>Check both for a Virtual Full Session</u>	<input type="checkbox"/> Academic Bootcamp
<input type="checkbox"/> 9 AM – 12 PM (Full Session) Mornings	<input type="checkbox"/> 9 -AM – 10:30 AM (Half Session) Mornings	<input type="checkbox"/> 10:30 -AM – 12:00 PM (Half Session) Mornings
<input type="checkbox"/> 1 PM – 4 PM (Full Session) Afternoons	<input type="checkbox"/> 1-PM – 2:30 PM (Half Session) Afternoons	<input type="checkbox"/> 2:30 -AM – 4:00 PM (Half Session) Afternoons

		<input type="checkbox"/> 11 -AM – 12 PM (Half Session)
Weeks		
<input type="checkbox"/> Wk1: June 29 th – July 3 rd	<input type="checkbox"/> Wk2: July 6 th – July 10 th	<input type="checkbox"/> Wk3: July 13 th – July 17 th
<input type="checkbox"/> Wk4: July 20 nd – July 24 th	<input type="checkbox"/> Wk5: July 27 th – July 31 st	<input type="checkbox"/> Wk6: Aug. 3 rd – Aug. 7 th
<input type="checkbox"/> Wk7: Aug. 10 th – Aug. 14 th	<input type="checkbox"/> Wk8: Aug. 17 th – Aug. 21 st	<input type="checkbox"/> Wk9: Aug. 24 th – Aug. 28 th
<input type="checkbox"/> Wk10: Aug. 31 st – Sept. 4 th		
Days		
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	



2020 Virtual Summer Camp Registration Form Guardian Information

Full Name	Relationship	Cell Phone #	Email Address
		() -	
		() -	

Terms & Conditions

- I agree to immediately notify the FasTrackKids Authorized Licensee of any changes to credit card or billing information. Should the payments be interrupted or delayed, the FasTrackKids Authorized Licensee reserves the right to refer the matter to a collections agency.
- No refunds will be issued for early withdrawal or dismissal due to absences for any reason, including but not limited to sickness, power failures, weather, or any unforeseeable events outside the control of the FasTrackKids Authorized Licensee. If participants leave the camp early for any reason, the tuition is not prorated and no refund will be issued. I give the FasTrackKids Authorized Licensee the right to bill my credit card regardless of whether the student attends the program.
- Balance payments, less the non-refundable 25% deposit, are refundable up until June 1st, 2020. No refunds will be issued after June 1st, 2020.
- Unruly or otherwise disruptive behavior may result in suspension or termination or expulsion of the camper. The FasTrackKids Authorized Licensee reserves the right to suspend and/or expel any camper without refund.
- I agree to allow my child to participate in all programs and allow the use of any photographs or video for future publicity materials unless otherwise specified.
- I understand that by signing this agreement, I authorize the FasTrackKids Authorized Licensee and its representatives, teachers, and staff to make all necessary emergency decisions, including decisions regarding medical treatment, when I or the persons I have designated cannot be contacted.
- To the fullest extent allowed under law, the class participant parent/guardian agrees that the FasTrackKids Authorized Licensee is not subject to any claim, loss, demand, or damages whatsoever, including, without limitation, those damages resulting from acts of active or passive negligence on the part of the FasTrackKids Authorized Licensee, its officers, agents, employees, or owners. The class participant parent/guardian further agrees that the FasTrackKids

Authorized Licensee is not liable for any injuries, illnesses, medical conditions, expenses, judgements, or damages to anyone on the premises, or their property, and does hereby expressly forever release and discharge the FasTrackKids Authorized Licensee and its officers, employees, agents, successors, and owners from all such claims, demands, injuries, damages, actions, or causes of action. This includes attorneys' fees and court costs resulting from exposure of the class participant to any illness or disease while in the FasTrackKids facility or any illness or injury resulting there from.

8. The class participant parent/guardian agrees that he/she or authorized caregiver shall remain on the FasTrackKids premises to directly supervise their children and be responsible for their safety at all times in the common hallways, lounge, classrooms, and restroom, facilities, unless otherwise agreed to by FasTrackKids. The class participant parent/guardian agrees to assume all risks should they or the authorized caregiver leave the premises.
9. The class participant understand that in the event of an emergency, the FasTrackKids personnel will use their best judgement and efforts to contact the member, emergency contact number on file or authorized caregiver. The FasTrackKids Authorized Licensee is hereby released from all liability from calling emergency medical care, should the FasTrackKids Authorized Licensee be unable to reach the member or authorized caregiver within a reasonable amount of time. The class participant acknowledges that FasTrackKids does not have a medical staff on the premises and cannot provide medical treatment.
10. By signing this agreement I do hereby give FasTrackKids the irrevocable right to use the picture, portrait, or photograph of myself or the undersigned minor children, in all forms and media and in all manners, including composite, for advertising, for publication, for websites, and or any other lawful purpose. I wave any right to inspection or approval of the finished product, including written copy, which may be created in connection therewith.

By signing here, I understand and agree to all of the terms and conditions listed above and that I am an authorized representative of the above-named child. I sign this freely and voluntarily without any inducement.

Signature: _____ Date: ____ / ____ / ____

Office Use Only			
Full Camp Fee	\$		Deposit
Extended Hours Fee	\$		Total Due



2020 Virtual Summer Camp Tuition

Musical Theater Full Session

Weeks	Tuition	Per Week
1	\$495.00	\$495.00
2	\$990.00	\$495.00
3	\$1,485.00	\$495.00
4	\$1,782.00	\$445.50
5	\$2,227.50	\$445.50
6	\$2,673.00	\$445.50
7	\$3,118.50	\$445.50
8	\$3,366.00	\$420.75

9	\$3,786.75	\$420.75
10	\$4,207.50	\$420.75

Half Session Camp

Weeks	Tuition	Per Week
1	\$395.00	\$395.00
2	\$790.00	\$395.00
3	\$1,185.00	\$395.00
4	\$1,422.00	\$355.50
5	\$1,777.50	\$355.50

6	\$2,133.00	\$355.50
7	\$2,488.50	\$355.50
8	\$2,686.00	\$335.75
9	\$3,021.75	\$335.75
10	\$3,350.75	\$335.75

Notes

25% Deposit required with all registration forms
Camp Balances are due on Day 1 of Camp.
10% Sibling Discount applies to second child only