

America's Leaders: Cheerleading, Dance, Manners, and More SUMMER CAMP 2025
Coral Springs: Coral Springs Charter School

Registration Information Sheet - *(Please complete front and back.)*

How to Register

Camp tuition is only \$155 per week when you register by April 25, 2025 and \$165 per week starting on April 26, 2025; please deduct \$10.00 per second child, per week. All campers will receive **FREE pre and post care and NO REGISTRATION FEES!**

To hold your space, a **\$25.00 non-refundable, non-transferable deposit, PER WEEK, per child, is required; deposits are credited toward the weekly tuition.** Please note, **SPACE IS LIMITED** and camps will fill quickly! To register, complete this registration form and mail or email it with your registration deposit to:

America's Leaders: 10242 NW 47th St. Suite 14, Sunrise, FL 33351

EMAIL: Info@AmericasLeaders.net Phone: 954-748-5977

Camp Information

CAMPER'S NAME:

Which camp would you like to attend?	Session Number	Monday – Friday Dates	Fee Per Week (Office Use Only)
Cheerleading – SMART	C1 – Coral Springs	June 9 – 13	\$155 / \$165
Cheerleading – SMART	C2 – Coral Springs	June 16 – 20	\$155 / \$165
Cheerleading – SMART	C3 – Coral Springs	June 23 – 27	\$155 / \$165
Cheerleading – SMART	C4 – Coral Springs	June 30 - July 3 (No Camp on Friday the 4th.)	\$135 / \$145
Cheerleading – SMART	C5 – Coral Springs	July 7 – 11	\$155 / \$165
Cheerleading – SMART	C6 – Coral Springs	July 14 – 18	\$155 / \$165
Cheerleading – SMART	C7 – Coral Springs	July 21 – 25	\$155 / \$165

Camp Location: Coral Springs Charter School

Camp Times: 9:00 a.m. to 4:00 p.m.

Pre Care: 7:30 a.m. – 9:00 a.m.

Do you need Pre Care: Yes No

Post Care: 4:00 p.m. – 6:00 p.m.

Do you need Post Care: Yes No

Office Use ONLY:

Session	Date Reg.	Amount	Form	Deposit	Tuition	Balance	Paid in Full
1							
2							
3							
4							
5							
6							
7							

Student Information

Student Name: _____ Age: _____ Grade: _____

Email Address: _____ School Attended: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Parent Name: _____ Cell Phone: _____

Work Phone: _____ Emergency Contact: _____ Phone: _____

Payment Information

Number of Weeks to Attend: _____ Camp Tuition: \$155 / \$165 per week.

Non-Refundable and Non-Transferable Deposit: \$25.00 PER WEEK.

Payment: Amount: _____ Check # _____ Cash _____

Credit Card: VISA, MasterCard, American Express or Discover ONLY

Credit Card Number: _____ Expiration Date: _____

Zip Code for the card: _____ Security Numbers: _____
(3 digits on the back or 4 digits on the front for Amex.)

Signature: _____ Date: _____

****PLEASE MAKE ALL CHECKS PAYABLE TO: America's Leaders
DEPOSIT IS CREDITED TOWARD THE WEEKLY TUITION.**

Refunds and Payment Policies

Full Payment: Full payment for each week registered must be received by Monday morning at camp drop off.

Refunds: Deposits are **not refundable or transferable** and will be credited toward tuition payment for the week chosen. Full refunds of any tuition paid, outside of deposit, will be given with a two (2) week notice, prior to camp week enrolled. If less than two weeks given, a \$25.00 service charge will be withheld per week. **Once camp week has begun, NO REFUNDS WILL BE GIVEN FOR THAT WEEK.** Please make all checks payable to America's Leaders. A \$25.00 charge will be assessed for returned checks.

Release

I _____ parent / guardian hereby release and agree to indemnify and hold harmless America's Leaders Inc., all instructors / staff / and officers of America's Leaders Inc., the City of Coral Springs and the Coral Springs Charter School against any and all claims resulting from participation in this program, with my knowledge that by participating in this activity I assume risk of injury and or illness. I also hereby give permission to America's Leaders to use and display any testimonials, photographs or videos taken of me / my child, on social media channels, news outlets and other publications or resources associated with America's Leaders. I also hereby give permission for my son / daughter to receive any necessary medical treatment or sickness outpatient care and or in-hospital treatment.

Please list your insurance carrier and policy number: _____

Please list any injuries and / or allergies: _____

Who is authorized to pick up your child: _____

Signature: _____ Date: _____