

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:** \$170 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: _____