

2021 BLAST! ACADEMY REGISTRATION FORM

Today's Date _____ Club Name _____

Child's Name _____ DOB ____ / ____ / ____

Parents/Guardians Name(s) _____ Child is a Member # _____ or Non-Member

Address _____ City _____ Zip _____

Contact 1 Name _____ Contact 1 Number (_____) _____

Relationship to Child _____ Authorized to Pick Up

Contact 2 Name _____ Contact 2 Number (_____) _____

Relationship to Child _____ Authorized to Pick Up

E-Mail Address _____ Child's School _____

Summer Camp

9AM-12PM or 1-4PM | Members \$130/week

Please select weeks and times:

Week 1: June 1-4	<input type="checkbox"/> 9AM-12PM	<input type="checkbox"/> 1-4PM	\$ _____
Week 2: June 7-11	<input type="checkbox"/> 9AM-12PM	<input type="checkbox"/> 1-4PM	\$ _____
Week 3: June 14-18	<input type="checkbox"/> 9AM-12PM	<input type="checkbox"/> 1-4PM	\$ _____
Week 4: June 21-25	<input type="checkbox"/> 9AM-12PM	<input type="checkbox"/> 1-4PM	\$ _____
Week 5: June 28-July 2	<input type="checkbox"/> 9AM-12PM	<input type="checkbox"/> 1-4PM	\$ _____
Week 6: July 5-9	<input type="checkbox"/> 9AM-12PM	<input type="checkbox"/> 1-4PM	\$ _____
Week 7: July 12-16	<input type="checkbox"/> 9AM-12PM	<input type="checkbox"/> 1-4PM	\$ _____
Week 8: July 19-23	<input type="checkbox"/> 9AM-12PM	<input type="checkbox"/> 1-4PM	\$ _____
Week 9: July 26-30	<input type="checkbox"/> 9AM-12PM	<input type="checkbox"/> 1-4PM	\$ _____
Week 10: August 2-6	<input type="checkbox"/> 9AM-12PM	<input type="checkbox"/> 1-4PM	\$ _____
Week 11: August 9-13	<input type="checkbox"/> 9AM-12PM	<input type="checkbox"/> 1-4PM	\$ _____

Total: _____

PAYMENT

Families receive **10% Off** for each additional child in the same household

Transaction Type: **Cash** **Club Charge** (Member # _____) **Check** (# _____)
 Credit Card (Non-Members must have CC# on file and pre-pay for each camp)

Authorizing Signature _____ Date _____

I have read and initialed the reverse side

BLAST! SUMMER CAMP POLICIES

By signing this agreement (signature on reverse), I hereby accept and acknowledge the following terms & conditions.

HEALTH WARRANTY _____

Participant warrants and represents that he/she has no disability, impairment or ailment preventing him/her from engaging in active or passive exercise that will be detrimental to his/her health, safety or physical condition if he/she does so engage or participate. This representation is made by Participant knowing that management will rely upon same respect to the registration of Participant.

PHOTO RELEASE _____

WAIVER AND RELEASE OF ELECTRONIC MEDIA – I, on behalf of myself, heirs, successors, and assigns, and on behalf of my children, wards, family members, and guests (collectively, "Releasers"), recognize, acknowledge and grant permission for Starmark Holdings, LLC, its affiliates, subsidiaries, employees, agents, contractors, successors, assigns, and/or anyone acting with its authority (collectively, "Starmark"), to make, take, and use still photographs, motion picture, video, sound recordings, and/or testimonials, in any form, including but not limited to edited or unedited form, collectively, "Media," of Releasers for any purposes Starmark deems, or may deem, appropriate. Releasers hereby release, hold harmless, and discharge Starmark from any and all liability (including but not limited to any and all claims for defamation, invasion of privacy, and false light), arising from, or in any way related to, the Media, and waive any right to remuneration or compensation (including but not limited to royalties) or other consideration for taking, making and/or use by Starmark of the Media, and hereby assigning all right, title and interest in the Media to Starmark.

RULES & REGULATIONS _____

Participant hereunder is bound by and shall comply with the rules and regulations, policies and procedures of the Club.

LIABILITY AND WAIVER OF LIABILITY _____

Participant accepts full responsibility for his/her use of any and all apparatus, facility, privilege or service whatsoever, owned and operated by this Club or any activity organized or sponsored by the Club either on or off the Club's premises at his or her own risk and shall hold this Club and its shareholders, directors, officers, employees, representatives and agents harmless from any and all loss, claim, injury, damage or liability sustained or incurred by him/her resulting therefrom.

COVID-19 GUIDANCE _____

Participant hereunder is bound by and shall comply with the rules and regulations, policies and prodedures of the Colorado Department of Public Health and Environment's Covid-19 guidance for parents and children.

TAX ISSUES _____

You must save all receipts and program registration forms if you will be deducting the cost of Blast! Academy on your taxes. Wellbridge Club management DBA Colorado Athletic Club is not responsible for creating or maintaining that information. For convenience, our Tax ID Number is 261717298.