



Crew Member Registration Form Summer 2013

Champions Academy - Kim's Gym invites girls and boys entering grades 6 through 9 to join us as crew members at our summer camps. These helpers assist our group coaches and are essential to each session's success. Our crew members will be trained to positively interact with the campers, and the experience is truly fulfilling on both sides. We love having our crew, and the campers do too! Our crew members also learn the value of hard work and are rewarded for their assistance at the end of each session. Your child will have a blast and be a valuable member of our team!

Crew Member Orientation: June 9th in the ECP multipurpose room - time TBD

<u>Session Dates and Times</u> 8:15 AM - 4:15 PM
<input type="checkbox"/> Pre Camp: June 10-14 (\$125)
<input type="checkbox"/> Session B: July 1-5 (\$100) no camp 7/4
<input type="checkbox"/> Session B: July 8-12 (\$125)
<input type="checkbox"/> Post Camp 2: Aug. 5-9 (\$125)
<input type="checkbox"/> Post Camp 3: Aug 12-16 (\$125)
<input type="checkbox"/> Post Camp 4: Aug 19-21 (\$75)

<u>Session Cost</u>
\$125 per full week session, of which \$75 is returned to the crew member at the end of the week. If you sign up for a short week, the price of camp and the reimbursement is pro-rated. (See box to the left for weekly prices.)
<input type="checkbox"/> Cash
<input type="checkbox"/> Check
(Payable to Champions Academy)

<u>T-Shirt Size</u>
<input type="checkbox"/> YS
<input type="checkbox"/> YM
<input type="checkbox"/> YL
<input type="checkbox"/> YXL
<input type="checkbox"/> AXS
<input type="checkbox"/> AS
<input type="checkbox"/> AM

Name: _____ Age: ____ Grade: ____ DOB: ___/___/___ M F

Parent Name: _____ Phone #1: _____ Phone #2: _____

E-mail Address: _____

Address: _____

Comments: Does your child have certain friends or camper ages he or she would like to be with?

Please download and complete the school-age medical form at www.KimsGym.com/camps

Consent and Liability Waivers: I, the undersigned parent or guardian of the above named student, do hereby grant authority to the staff of Champions Academy and/or the Jewish Community Association of Austin, to render a judgment concerning medical assistance in the event of an accident or illness during my absence. I hold Champions Academy and the Jewish Community Association of Austin, their owners, teachers, staff, and school harmless for any injuries arising out of participation in any and all classes or activities away from or at the school.

Parent Signature: _____ Date: _____

To register, please return this form with a check payable to Champions Academy. You can mail it to Champions Academy 7300 Hart Lane, 78731, scan it to Info@KimsGym.com, or ask the JCC Welcome Desk staff to put it in the Champions Academy mailbox.