

2014 ARS EDUCATIONAL RACING SUMMER CAMP ENROLLMENT FORM

Please print all information (* Required)

*Father's Name (First, Middle, Last) –

*** Contact Method (Check one or more below & best time to reach you)**

Home Phone (_____) _____ Am - _____ Pm

Mobile Phone (_____) _____ Am - _____ Pm

Business Phone (_____) _____ Am - _____ Pm

Dad's E-Mail

_____ @ _____

*Mother's Name (First, Middle, Last) -

*Home Address (Must be a Physical address, cannot be a P.O. Box)

City _____ State _____ Zip _____

*** Contact Method (Check one or more below & best time to reach you)**

Home Phone (_____) _____ Am - _____ Pm

Mobile Phone (_____) _____ Am - _____ Pm

Business Phone (_____) _____ Am - _____ Pm

Mom's E-Mail

_____ @ _____

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***In Case of an Emergency Contact**

Contact's relationship to student)

Contact's (First, Last Name)

Contact's best number to reach them by:

Home Phone (_____) _____

Mobile Phone (_____) _____

Business Phone (_____) _____

Child's Primary Physician's Name

Child's Primary Physician's Phone #

I agree the camp may contact the Physician, if parents cannot be contacted.

I agree the camp may release my child to the person listed as an emergency contact, if the parents cannot be contacted, a 'Notarized' Power of Assignment for any other person of legal age, other than the parents must be on file.

I agree that prescription medications medically necessary to be taken while at camp; when furnished can be dispensed by a camp instructor providing a written detailed dispensing schedule is sent with medication daily.

I agree that as a participant in the camp program, my child maybe captured on film, broadcasted live on the internet or photographed, while participating in camp. I agree any imagery and audio maybe used for commercial or promotional purposes; I understand that no compensation will be awarded to any parent, Legal Guardian or minor child.

***Select the Camp dates for your [_____] child: (one application per child must be filled out)**

Week # 1 Mon. 6/9 – Fri. 6/13

Week # 3 Mon. 6/23 – Fri. 6/27

Week # 4 Mon. 7/7 – Fri. 7/11

Week # 6 Mon. 7/21 – Fri. 7/25

Week # 8 Mon. 8/4 – Fri. 8/8

Week # 2 Mon. 6/16 – Fri. 6/20

CAMP IS CLOSED MONDAY 6/30 - 7/4

Week # 5 Mon. 7/14 – Fri. 7/18

Week # 7 Mon. 7/28 – Fri. 8/1

Week # 9 Mon. 8/11 – Fri. 8/15

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***Student's Information – Below, May Use the back of this form if needed for extra space**

Full Name _____

Gender:

Male or Female

Circle Current Age:

1 2 3 4 5 6 7 8 9 10 11 12 13 14

Date of Birth: (mm/dd/year)

_____/_____/_____

School:

Name: _____

City: _____ State: _____

Check the Highest level of Education completed: Pre-K K 1 2 3 4 5
6 7 8 9 10 11 12

Does the child have special medical needs? YES NO (If Yes Please Explain):

Does the child take prescribed medications? YES NO (If Yes Please Explain):

Is the child color blind? YES NO

Child's History – (list all sports experiences, club, social activities and achievements):

Any additional information the instructor should be made aware of? YES NO

If yes, Please explain: *(You may use the back of this form if needed for extra space)*

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PLEASE READ CAREFULLY

CHECK OFF EACH BOX [X] AFTER READING EACH SEGMENT

IN CONSIDERATION OF MY MINOR CHILD BEING PERMITTED TO PARTICIPATE IN ANY WAY IN AN INSTRUCTIONAL CLASS AND/OR SUMMER CAMP PROGRAM **I AGREE;**

I KNOW THE NATURE OF THE EVENT/S; THE MINOR'S CAPABILITIES; BELIEVE THE MINOR TO BE QUALIFIED; DESIRE THAT MY CHILD PARTICIPATE IN THE EVENT/S.

I UNDERSTAND I WILL BE ASKED TO SIGN PARENTAL CONSENT RELEASE FORMS PRIOR TO MY MINOR'S PARTICIPATION IN ANY EVENT/S.

I UNDERSTAND THE PURPOSE OF EACH EVENT IS TO PROVIDE INDIVIDUALS THE OPPORTUNITY TO EXPERIENCE A MOTORSPORT ACTIVITY, AND OBTAIN TECHNOLOGICAL INFORMATION RELATED TO SUCH.

I UNDERSTAND THAT ONE PARENT OR LEGAL GUARDIAN MUST BE PRESENT TO SIGN CHILDREN IN OR OUT ON A DAILY BASIS.

I UNDERSTAN PARTICIPANTS' MUST WEAR LONG PANTS, CLOSED SHOES, SOCKS THAT COVER THE ANKLES FOR THE DRIVING PORTION OF THE CLASS.

I UNDERSTAND THAT I MAY BE REQUESTED TO PRESENT A COPY OF MY/OUR MINOR PARTICIPANT/S.

I UNDERSTAND THAT CHARGES ARE INCURRED PER CHILD, PER SESSION.

I UNDERSTAND THAT I MUST CONTACT THE SCHOOL TO PRE-REGISTER FOR PLACEMENT IN ANYONE SESSION.

I UNDERSTAND THAT ANY BALANCE DUE SHALL BE PAID PRIOR TO THE START OF EACH SESSION; DAILY OR WEEKLY.

I UNDERSTAND A \$100.00 DEPOSIT (NON-REFUNDABLE) IS REQUIRED IN ADVANCE TO CHILD'S SESSION TIME.

I UNDERSTAND THAT UNLESS AN ABSENCE IS CANCELED BY ME PROVIDING A 24 HR NOTICE A CHARGE MAYBE ACCESSED.

I UNDERSTAND THAT SHOULD MY CHILD'S SESSION NOT BE HELD AND MUST BE RESCHEDULED BY THE SCHOOL THAT 'NO REFUND' SHALL BE PROVIDED, A 'CREDIT ONLY' WILL APPLY PROVIDING THE SESSION TIME WAS PRE-PAID IN ADVANCE.

I UNDERSTAND TRANSPORTATION OF STUDENT/S TO AND FROM THE SCHOOL SHALL BE MY RESPONSIBILITY.

I UNDERSTAND THAT SHOULD THE STUDENT ARRIVE LATE, IT WILL BE AT THE INSTRUCTORS OPTION TO PROCEED WITH THE CLASS, BUT UNDER NO CIRCUMSTANCES WILL MY CHILD'S TARDINESS CAUSE ANOTHER CHILD TO MISS THEIR TIME. SHOULD I PICK UP MY CHILD AFTER DESIGNATED HOURS; AN ADDITIONAL FEE MAYBE CHARGED PER CHILD.

AMBASSADOR RACING SCHOOL IS A PRIVATE FACILITY; RESERVES THE RIGHT TO REFUSE ANYONE ENTRY, PARTICIPATION OR COMPLETION OF ANY PROGRAM/S. BE ADVISED THAT SHOULD ANY STUDENT, PARENT OR LEGAL GUARDIAN BE DEEMED INCAPABLE OF PARTICIPATING FOR WHATEVER REASON, BE THE CAUSE OF A DISTURBANCE, BECOME DISRESPECTFUL, THE PARENT OR LEGAL GUARDIAN WILL BE ASKED TO REMOVE THEMSELVES; STUDENT INCLUDED IMMEDIATELY.

Parent/Legal Guardians Signature _____ Date: _____

Parent/Legal Guardians Signature _____ Date: _____