



Minds in Motion
Experiential Learning

SUMMER CAMP

Held at Sri Atmananda Memorial School, 4100 Red River, 78751

Name of Student: _____ D.O.B _____

Parents: _____

Address: _____

Phone: home _____ cell: _____ other _____

Emails: _____

Allergies/Food Allergies: _____ Food Preferences (i.e no dairy) _____

GIRLS & BOYS

BOYS

BOYS

One Session

Before April 4: \$350

After April 4: \$ 385

Please Circle Session Preferences:

June 14 – 25

July 5 – 16

July 19 – July 30

Payment Plan: \$200 for Deposit; \$185 due by May 1

Two Sessions

Before April 4: \$695

After April 4: \$ 765

Payment Plan: \$400 for Deposit; \$365 due by May 1

Three Sessions

Before April 4: \$1,040

After April 4: \$ 1,110

Payment Plan: \$600 for Deposit; \$510 due by May 1

Terms

- If your registration arrives after April 4 and the camp is full, we will contact you and return your payment.
- More Camp Information will be sent to you two weeks prior to camp. Additional forms may be needed.
- For you to cancel, the deadline is May 1. A refund will be given, minus \$50 for registration processing.
- Any cancellations after May 1 will be non-refundable, including partial cancellations. Camp spots may not be sold to other families.
- Child is considered registered once full payment is received.
- Please send to: **Zumpano Consultants, LLC at 6113 Smith Oak Trail, Austin TX 78749**

Liability Release and Tuition Agreement

I am the parent of _____ ("my child") who I would like to attend the Minds in Motion Camp 2010. I understand that there will be physical activity that could result in injury. By signing this form, I agree to release Zumpano Consultants, LLC; Minds in Motion, its associates and volunteers from any and all liability connected with the program. I agree to allow Zumpano Consultants, LLC; Minds in Motion Camp to photograph and/or video my child for educational and promotional purposes without compensation to my child or me. In case of any accident, I have left my emergency contact information. If I cannot be contacted, I allow persons associated with Minds in Motion Camp to choose the proper medical treatment necessary.

Parent Signature _____ Parent (Printed) Name _____

Emergency Contact _____ Home _____ Cell _____