

BADMINTON SUMMER CAMP

2025 REGISTRATION FORM

STUDENT INFORMATION *fill out all lines completely

FIRST NAME: _____ LAST NAME: _____ AGE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ CONTACT EMAIL: _____

HEALTH PROVIDER: _____ MEMBER ID: _____

CURRENT SCHOOL: _____

EMERGENCY CONTACT INFORMATION * fill out all lines completely

MOTHER'S NAME: _____ PHONE: _____


FATHER'S NAME: _____ PHONE: _____


OTHER AUTHORIZED PERSON: _____ PHONE: _____

DOCTOR'S NAME: _____ PHONE: _____

ALLERGIES: _____ OTHER MEDICAL: _____

CAMP REGISTRATION

	SESSION 1 9AM – 12PM	DATES	COST	OPTIONAL EXTENDED CARE 12PM – 5PM	TOTAL
	WEEK 1 (M-F)	JUNE 02 – JUNE 06	\$300	\$200	
	WEEK 2 (M-F)	JULY 21 – JULY 25	\$300	\$200	
	WEEK 3 (M-TH)	JULY 28 – JULY 31	\$240	\$150	
GRAND TOTAL:					

	SESSION 2 1PM – 4PM	DATES	COST	OPTIONAL EXTENDED CARE 4PM – 5PM	TOTAL
	WEEK 1 (M-F)	JUNE 02 – JUNE 06	\$300	\$50	
	WEEK 2 (M-F)	JULY 21 – JULY 25	\$300	\$50	
	WEEK 3 (M-TH)	JULY 28 – JULY 31	\$240	\$40	
GRAND TOTAL:					

*Late pickup fee is \$15/10 minutes

*Non-marking shoes are required, equipment will be provided but you can bring your personal equipment at your own risk.

PARTICIPANT WAIVER AND RELEASE FOR MINORS

_____ has my/our permission to participate in the Cornerstone Academy
Name of Minor
Badminton Summer Camp on the dates indicated on the previous page at Cornerstone Academy, 501 Cambridge Street
and or 801 Silver Street between the hours of 8:00 AM – 5:00 PM.

I/we understand and acknowledge that the Cornerstone Academy Badminton Summer Camp poses risks to my child,
including the risk of minor and serious injuries or death during the program.

I/we, as parent(s) or guardian(s) of the minor, do hereby, for my child, myself, my heirs, executors and administrators,
release and forever discharge Cornerstone Academy and all officers, directors, employees, agents and volunteers of the
organization, acting officially or otherwise, from any and all claims, demands, actions, or causes of action which in any
way arise from the minor’s participation in the above noted event.

I hereby certify that the minor is my son/daughter (circle one) and that his/her date of birth is _____ and
I do hereby certify that to the best of my knowledge and belief said minor is in good health.

In case of illness or accident, permission is granted for emergency treatment to be administered. It is further
understood that the undersigned will assume full responsibility for any such action, including payment of costs.

Cornerstone Academy reserves the right to deny enrollment or to cancel enrollment at any time if parent(s) or student
behavior is deemed inappropriate or unacceptable by the School. No refunds will be given.

Parents agree that images of their children may be used for future promotional purposes.

Parent 1 Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____

Cornerstone Academy General Guidelines

1. Program fees are non-refundable and non-transferable.
2. Please make all checks out to “Cornerstone Academy”. Please print the camper's full name and program name.
3. Please submit the registration form and payment to either the Silver or Cambridge Front Office.
4. Once camps are at capacity, campers will be placed on a waiting list.
5. No uniform is required.

FOR OFFICE USE ONLY

_____ AMOUNT REC'D _____ CHK # 1 _____ REC'D BY _____ DATE/TIME