

Summer CAMP 2020 Registration Form

Name _____ Age _____ Grade Fall 2020 _____ Male/Female _____

Address _____ City _____ Zip Code _____

Parent(s): _____

Parent email: _____ Parent phone: _____

Emergency contact name: _____ phone: _____

Allergies or other health/learning issues:

Name of Camp	Cost

Payment Information:

Cash Check Credit Card Type: Visa, MC, Am, MC (3% surcharge added to use cc)

Card # _____ Expiration Date: _____ CVS # _____

Address for CC _____ Zip Code for CC _____

Payment Agreement—Read carefully as this is a legal contract:

I understand and agree that my signature on this registration form constitutes a contractual agreement between HEP of Texas Inc. and myself. **I understand and agree to pay in full for any and all classes that my child is enrolled in even if my child withdraws from the class during the semester.** HEP of Texas, Inc. reserves the right to pursue the collection of any outstanding fees due and that if a legal judgment is sought, the undersigned will be responsible for all court costs, attorney fees, and course fees. I also understand that if my child contracts Covid-19 at an HEP TX, Inc. function, HEP TX, Inc. will not be held liable, nor will its employees. I HAVE CAREFULLY READ THIS CONTRACT AND UNDERSTOOD ITS CONTENTS, AND I VOLUNTARILY SIGN THE SAME AS MY OWN FREE ACT. MY SIGNATURE BELOW ALSO CONFIRMS THAT I HAVE READ AND UNDERSTAND HEP TX'S STATEMENT OF FAITH AND AGREE TO ABIDE BY IT (posted on the HEPTX.com web page).

Signature:

Parent/Guardian

Relationship

Date

Form update: 06/13/20