



Instructions & Forms to Redeem Your Headfirst Credit (One Form Per Child)

All credits expire one year from issue date.

- Credits cannot be redeemed through the Headfirst online registration system; instead they must be redeemed by completing and either mailing or faxing the appropriate paperwork to the Headfirst Camps Office.
- This redemption form must be sent in at least 6 weeks prior to the start date of the requested program.
- Headfirst cannot guarantee that your program request will be fulfilled as some programs may have already sold out. However, we will inform you immediately if this request cannot be fulfilled.

TO REDEEM: Please complete the following two pages.

Please send in Certificate or Credit Statement including Redemption Form, to the Headfirst Camps office in either one of two ways:

1. **Fax to:** (202) 249-1047
2. **Mail to:** 2440 Wisconsin Ave. NW; Suite 201; Washington, DC; 20007

If program fee exceeds the total credit, please pay the outstanding balance now by the following method:

1. Pay by Credit Card (Visa or MC only)
2. Pay by Check (Payable to: Headfirst) – only if you intend to mail this form (no fax)

PAYMENT OPTIONS: Option 1: Check or Cash

Check

Cash

Total Amount

Check Number

Option 2: Credit Card

Billing Information (VISA or MASTERCARD ONLY)

First Name

Last Name

Address

City

State

Zip Code

Card #

Expiration Date

 /

Total Amount

Signature _____

Program You Would Like to Enroll In (Please use a separate sheet of paper for additional program interest)

Full Program Name (e.g. Day Camp; Xploration Camp; Multi-Sport Camp)

Program Start Date

 / /

The Location Where This Program Will Be Held

Participant Information

First Name

Last Name

Gender

Male Female

Date of Birth

Rising / Current Grade *** See note below

****Please write in the rising grade level that participant will be in for the upcoming school year.

Parent/Guardian Information

First Name

Last Name

Address

City

State

Zip Code

Home Phone Number

Cell Phone Number

Work Phone Number

E-mail Address

Emergency Contact

First Name

Last Name

Cell Phone Number

Relationship to Participant

Relative Friend Other

Special Medical Concerns

Please describe any ALLERGIES, MEDICAL CONDITIONS, and SPECIAL NEEDS

Life Threatning Condition/Allergy

On behalf of my child(ren), I accept and assume any and all risks associated with his/her/their attendance and participation in Headfirst Camps or any program operated by Headfirst Baseball, LLC, Headfirst Management, LLC, Headfirst, (collectively hereinafter "Headfirst Camps") and all related activities. I understand that my child(ren) should not attend the camp if he/she/they are not in a healthy condition. Furthermore, I do hereby verify that my child, to the best of my knowledge, is free from contagious disease, is fully immunized, and is able to participate in Headfirst Camps.

I understand and agree that my child(ren) must abide by camp policies and the instructions of the Headfirst Camps staff at all times. Some of these policies and instructions are written and some are at the sole discretion of the Camp Directors, but all policies and rules uphold the overall safety of the Camp and its participants at all times. Permission is hereby granted for photographs and/or videos to be taken of my child at camp and Headfirst Camps has the right to utilize these in our brochures, videos, slide shows, web site, and other camp materials. I agree that should my child(ren) be dismissed from a Headfirst Camps program, that no part of my tuition paid will be refunded to me.

I also understand and agree that no reduction or prorata in the tuition will be made for late arrival, early departure, vacations, illness, or injury. In the event that I cannot be contacted in the event of an emergency, I hereby grant Headfirst Camps permission to administer immediate treatment and/or take my child(ren) to a hospital emergency room via ambulance/emergency vehicle. I agree to assume all liability for any expenses incurred in such an emergency (transportation, hospitalization, x-rays, etc.). I also understand and agree that Headfirst Camps will notify me if my child(ren) becomes ill during camp hours and I will arrange to have my child(ren) picked up immediately from Camp.

I understand that Headfirst Camps does not carry accidental injury insurance on campers and I waive and release Headfirst Camps and its directors, employees, and independent contractors from all liability for personal injuries, illness, loss, or damage to property.

Knowing all of these facts and in consideration for your accepting my child(ren)'s enrollment form/online registration, I, for myself, my child(ren) attending the camp, and anyone else who may claim on me or my child(ren)'s behalf ("I") hereby agree that neither Camps, the schools or facilities that host Headfirst Camps programs, are responsible for accidents, injuries, and/or medical or dental expenses arising from my child(ren)'s participation in the camp and, accordingly, I covenant not to file suit against or otherwise sue Headfirst Camps, and waive, release, and discharge Headfirst Camps and the various schools or facilities that host Headfirst Camps programs, and anyone working on their behalf from any and all claims of liability or expenses of any kind or nature whatsoever arising out of our relating to my child(ren)'s participation in the camp. I have carefully read all of the information in this application form/enrollment form/online registration and agree to all its conditions.

Print Name: _____ Signed _____

Parent / Guardian

Date: _____