

# Welcome To Acro Enso Camp



**Facility Location:** 601 East 4<sup>th</sup> St. Reno NV 89512

**Facility Number:** 775.357.9573

**Directors Number:** 775.354.8094

**Drop Off Time:** 8:45am – 9:00am

**Pick Up Time:** 2:45pm – 3:00pm

**Before Care:** 8am-9am

**After Care:** 3pm-4pm

\*available upon request, please email [keisha@acroenso.com](mailto:keisha@acroenso.com)\*

## **A Day At Camp**

The Camp day begins with team building activities and warm ups that improve agility, flexibility, balance, and strength. Throughout the day, campers will rotate through core disciplines such as acro, Cyr, silks, flow arts, and performance education with timely breaks for free play and movement-based games. We finish with supervised games and open play until check out or until aftercare begins. Campers who participate in aftercare will have the option to continue to train choice disciplines, play games, or have quiet time to read and draw.

## **Camp Objectives**

- Learn how to perform, individually and with others
- Discover personal expression, creativity, and fun healthy play
- Learn a variety of circus arts and skills
- Learn the value of fitness and discipline
- Make new friends, find new passions, and have fun

## Camp Check List



**Please review the following list of items that your child will need at camp.  
Please write your child's name on their backpack and lunch box to help with  
loss item recovery.**

### What To Wear/Bring

- Breathable, active well fitting clothing
- Shirts and leggings/long shorts recommended
- No zippers or buttons allowed
- Deodorant for older kids
- Long hair tied up or braided
- Lunch and plenty of healthy snacks(better to have too much than too little)
- Water bottle
- Required Medications

### What Not To Wear/Bring

- Toys
- Jewelry
- Makeup
- Weapons
- Candy
- Gum
- Perfume/cologne

## **ACRO ENSO POLICIES**

### **CANCELED SESSIONS**

If one of our sessions does not reach our minimum enrollment, we hold the right to cancel that session at a full refund. We will let you know seven days in advance of any cancellations.

### **REFUNDS**

A parent who withdraws their child from Camp fourteen or more days before the start of camp will receive a full refund less a \$50 CANCELLATION FEE.

You will receive a 50% refund if you cancel less than 14 days before the start of Camp less a \$50 CANCELLATION FEE.

No refunds are available once Camp has started. At your request, we may convert your unused Camp registration fees to Acro Enso Credit if circumstances permit.

### **ILLNESS/INJURY:**

In the case of illness/injury, all the above policies will still apply, there are no refunds or make ups offered in the case of illness/injury.

### **BEFORE/AFTERCARE POLICIES**

Before and aftercare is available upon request. Care for a single day is \$20, care for the full week is \$35. After 4pm, normal drop in facility rates apply to attend additional classes. Students who are not in aftercare must be picked up between 2:45pm and 3:00pm. Students who are not registered for aftercare and are picked up later than 3:15pm will be charged a \$20 late pickup fee.

# REQUIRED FORMS

PLEASE COMPLETE THE FOLLOWING FORMS AND  
RETURN THEM TO ACRO ENSO ON OR BEFORE THE  
FIRST DAY OF CAMP

**\*\*FORMS MUST BE COMPLETED BY A LEGAL  
PARENT/GUARDIAN\*\***

**STUDENT INFORMATION**

*Please Print or Type*

Student's Name: \_\_\_\_\_

Legal Parent/Guardian's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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**Primary Family Contact Person**

Primary Contact Name: \_\_\_\_\_

During summer program hours I may be reached at (phone): \_\_\_\_\_

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

\_\_\_\_\_

Name and Address: \_\_\_\_\_

Relation to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

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**PEOPLE AUTHORIZED TO PICK UP MY CHILD:**

1) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

# Emergency Contact

Please fill out the following information to provide a minimum of three persons of contact for your child in case of emergency.

## Primary Contact

1) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Secondary Contact

2) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Tertiary Contact

3) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

If my child requires immediate medical attention and the use of paramedics, prior approval from one of the contacts listed above must be obtained.

- Yes
- No

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

# **Medical Disclosure**

Please fill out all the following information regarding any known medical conditions and requirements for your child.

## **Medications and Instructions**

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## **Known Allergies and Treatment**

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**Recent Injuries**

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**Other Medical Needs and/or Conditions**

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**Sign:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Photo Release**

I grant Acro Enso the right to use photos of any and all summer camp activities for advertising purposes on the Acro Enso website, Instagram and Facebook pages, and future promotional materials. **All names and identifying information will be removed.** I acknowledge the Acro Enso's right to photograph activities and use the photos in which *I/my child* participate(s) without payment or remuneration to me.

Please initial next to the permission(s) you are giving Acro Enso:

- \_\_\_\_\_ Acro Enso has my permission to use my/my child's photo on their website.
  
- \_\_\_\_\_ Acro Enso has my permission to use my/my child's photo on their Facebook and Instagram pages.
  
- \_\_\_\_\_ Acro Enso has my permission to use my/my child's photo in future promotional materials.

I agree to the above conditions:

Name of Participant: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_                      Email or Phone Number: \_\_\_\_\_

**ACRO ENSO, LLC  
GENERAL RELEASE**

**BECAUSE PARTICIPATION IN ACRO ENSO, LLC CLASSES OR EVENTS MAY BE DANGEROUS, WE REQUIRE ALL PARTICIPANTS TO ASSUME ALL RISK BY SIGNING THIS GENERAL RELEASE**

The Undersigned, for himself/herself and personal representatives, assigns, heirs and next of kin or any of them:

1. Hereby Releases, Waives, Discharges and Covenants Not To Sue Acro Enso, LLC and each of its officers, employees, affiliates, and agents all for the purposes herein referred to as Releasees, from liability to the Undersigned, his/her personal representatives, assigns, heirs and next of kin for all loss or damage and any claim or demands therefore, on account of injury to the person or property or resulting in death of the Undersigned, whether caused by the negligence of Releasees or otherwise while the Undersigned is upon the premises of Acro Enso, LLC and/or a participant in Acro Enso, LLC classes or events; and,
2. Hereby Agrees To Indemnify And Save And Hold Harmless the Releasees and each of them from any loss, liability, Damage or cost they may incur (1) due to the presence of any action of the Undersigned in or about Acro Enso, LLC and/or (2) due to the participation in Acro Enso, LLC classes or events whether caused by the negligence of the Releasees or otherwise.

The Undersigned expressly agrees that the foregoing Release, Waiver and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Nevada and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The Undersigned warrants the following statements are true and correct and understands that the Releasees have relied on them in entering into the foregoing Release, Waiver and Indemnity Agreement and in giving the Undersigned permission to enter the premises of Acro Enso, LLC and to participate in Acro Enso, LLC classes or events:

1. No oral representatives, statements or inducements apart from this written agreement have been made.
2. The Undersigned individually is fully aware of the risks and hazards inherent in entering upon the premises of Acro Enso, LLC or in participating in any classes or events held in or upon the premises of Acro Enso, LLC and hereby elects voluntarily to enter upon said premises, knowing the present condition and knowing that said condition may become more hazardous and dangerous during the time that the Undersigned or either of them are upon said premises. The Undersigned is fully aware that all activities associated with the participation in Acro Enso, LLC classes or events is a calculated risk sport and contains inherent risks and dangers (including serious injury and death), that no amount of care, caution, instruction, or expertise can eliminate. The participant knows and understands the scope, nature, and extent of the risks involved in the activities contemplated by this agreement. The Undersigned individually hereby voluntarily assumes all risks of loss, damage or injury that may be sustained by them, or any of them, any damage to any property of the Undersigned, or any of them while in or upon the premises of Acro Enso, LLC or a participant in Acro Enso, LLC classes or events.
3. That he/she gives consent to whatever medical care might be provided or available on the premises and Further agrees to conform and comply with all the rules and regulations of Acro Enso, LLC.
4. HE/SHE HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF ALL LIABILITY AND INDEMNITY AGREEMENT.

**PARTICIPATION IN ACRO ENSO, LLC CLASSES MAY BE DANGEROUS.**

In witness whereof each of the Undersigned has executed this release dated this day: \_\_\_\_\_

**PARTICIPANT NAME (PRINT):** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**PARTICIPANT OR GUARDIAN SIGNATURE:** \_\_\_\_\_