



SUMMER CAMP 2018

Date: _____

Gender M F

Participant Name _____ Date of Birth _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____

Parent (s) Name _____

Doctor _____ Phone _____ Insurance _____

Insurance # _____

Emergency Contact other than parent _____

T-shirt size (circle one): Youth XS SM MED LG or Adult SM MED LG XL

Email Address _____



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MEDICAL RELEASE PROGRAM RELEASE & INSURANCE INFORMATION

I hereby consent for my child to be transported to the nearest hospital and have any medical treatment deemed necessary by the attending physicians. It is my intent to grant authority to administer and perform any and all examinations, treatment and diagnostic procedures, which during the course of my child's care may be deemed advisable and necessary. I've been advised that the insurance carried by the Program is strictly a secondary policy. A very basic policy intended for those without insurance. I understand there will be a deductible and I am responsible for filing my own claims.

Please check if applicable: Asthma Allergies Seizures Under Doctor's Care / Medication

I grant permission to use and or publish photographs of me, (the participant) including my name, in any print media, videotapes, motion pictures, records of any other record made by the program. I grant permission to use and/or publish photographs of my child, including name, in any print media, videotapes, motion pictures, records or any other record made by the program.

PARENT/GUARDIAN SIGNATURE: _____

STUDENT/PARTICIPANT SIGNATURE: _____



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REFUND POLICY

There will be a 'one-time' registration fee. No refund will be made once participant begins the week (**NO EXCEPTION**). All refund request must be made in writing. Any child not picked up on time will be automatically charged a fee \$25. This fee must be paid before child can attend the program the next day. If the payment is not paid the next day, your child will not be allowed to participate and will automatically be sent home. There will be no refund or credit for missed program days (**NO EXCEPTION**).

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____



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CODE OF CONDUCT

1. Students will be respectful to everyone, particularly the Staff and volunteers at all times.
2. Students will resolve all conflicts with good manners and non-violent behavior.
3. Students will refrain from using profanity or physical contact with other students when expressing themselves during program activities.
4. Students will dress for the program in “school clothes.”
5. Students will not leave the classroom without verbally informing the staff or instructor.
6. Students will actively and responsibly participate in all program activities.
7. Students will behave with professional courtesy whenever and wherever they participate in program activities.
8. Parents and family members of students will not interrupt class time in order to talk with program staff. If a parent or family member wishes to discuss their child’s participation in the program then they must first contact the program director, for an appointment.
9. Students’ actions will reflect a respect and consideration for the public benefits they are receiving through this program
10. Electronic devices must be stored in bags until free time period.

Student Signature

Date

Parent’s Signature

Date
