

# 2019 Campus Camps Enrollment Form

Camper's Last Name      Camper's First Name      Birth Date      Age      T-Shirt Size (Y/A)      Grade Entering Sept. 2019

Street Address      City      State      Zip Code

**Please provide the contact information for each parent and an individual that we can contact if we are unable to get in touch with either parent. Also, list the person/persons that are authorized to pick-up your child from camp. Camper will only be release to individuals listed below. The authorized person will be asked to show photo identification when signing out the camper. If a parent or other individual is not allowed to pick up, please let us know.**

Parent's Name      Home Phone      Summer Work Phone      Cell Phone      Email Address

Parent's Name      Home Phone      Summer Work Phone      Cell Phone      Email Address

Emergency Contact      Relationship      Home Phone      Summer Work Phone      Cell Phone

Authorized to Pick Up      Relationship      Home Phone      Summer Work Phone      Cell Phone

Authorized to Pick Up      Relationship      Home Phone      Summer Work Phone      Cell Phone

Authorized to Pick Up      Relationship      Home Phone      Summer Work Phone      Cell Phone

Authorized to Pick Up      Relationship      Home Phone      Summer Work Phone      Cell Phone

## Medical History

Is child in good health?: **Yes / No** If not, please explain: \_\_\_\_\_

Does your child have any allergies, medical restrictions or limitations?: **Yes / No** If yes, please explain: \_\_\_\_\_

Is your child taking any medications regularly?: **Yes / No** If yes, List name, frequency and dosage of each medication(s): \_\_\_\_\_

Is child prescribed an inhaler or epi-pen? **Yes / No** If yes, please explain\*: \_\_\_\_\_

**\*A Physician's note must be accompanied by any medications**

Does your child have a severe or chronic developmental disability? **Yes / No** If Yes, please provide details of any accommodations your child will need: \_\_\_\_\_

**Please attach Physical and Proof of Immunization signed (or stamped) and dated by your child's physician - Proof of Immunization should include dates for (DTP), (MMR), (Hib), (PCV), (IPV/OPV), (Chicken Pox), (Hepatitis B), and any others. Physicals should be dated less than 1 year prior to the camper's last day of camp.**

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

# 2019 Campus Camps Terms & Conditions

1. Enrollment of the child identified below shall not be accepted by Campus Camps unless this "Terms and Conditions" form is signed by the Parent/Guardian of the Child herein or authorized through our Online Enrollment program.
2. These terms and conditions and the Enrollment Forms constitute the entire agreement between the parties. No change, waiver, or modification of any of the terms shall be effective unless in writing and signed by both parties.
3. In consideration of the child's enrollment and the payment of the appropriate fee, Campus Camps agrees to provide the activities as described, snack, the equipment and staffing for the day's activities, and 1 camper t-shirt. Lunch can be purchased for an additional fee.
4. Fees are to be paid in full by May 30th, 2019. Campus Camps reserves the right to refuse admission to any child for whom full payment has not been made in accordance herewith. For enrollments after May 30, 2019, payment in full must be made at the time of enrollment. A weekly late fee of \$19.00 is assessed if timely payment is not made. Automatic Payments can be set up through the Online Enrollment program. If timely payments are not made, Campus Camps is authorized to charge the balance of any outstanding fees to the credit card or bank account supplied at the time of enrollment.
  - a. A 100% refund, minus the non-refundable deposit of \$369.00, will be given if notified by mail before May 30, 2019.
  - b. After May 30, 2019, a 50% refund, minus the non-refundable deposit of \$369.00, will be given if notified by mail before the first day your child is scheduled to attend.
  - c. No refunds will be given after the first day your child is scheduled to attend.
5. Where a child is unable to attend due to illness for a period of five consecutive days, a 50% credit will be given for the following year's program. A Doctor's note must be presented and delivered to the camp office by the last scheduled day of the program. No makeup days or refunds will be issued for missed days of camp.
6. Children shall not be taken from the camp during the camp day for any reason without written authorization from the Camp Director. Campus Camps reserves the right to refuse readmission to any child in violation of this policy without any refund of program fees.
7. Discounts/Fees are applied at the discretion of the Camp Director. One Discount can be applied to each account. No discounts will be given to campers enrolled after May 30th except families using the Multi-Child Discount. Families using the Return Camper Discount and Payment Plan will receive the agreed upon discount off of all tuition. If scheduled payments are not made, the discounted rate will only apply to the amount paid in accordance to the Payment Plan agreement. A 3% fee will be added to all Credit Card transactions. A \$45.00 administrative fee will be assessed for all returned checks.
8. I hereby consent to taking photographs, movies or videos of my child by Campus Camps, or its designated representatives. I also grant the right to edit, use and reuse said products for any and all educational and public services, advertising or marketing efforts, and release any and all rights, title and interest I or my child may have in said photographs, movies, videos, finished pictures, reproductions, copies or negatives of the same in connection with such uses.
9. Campus Camps reserves the right, at the sole discretion of the Camp Director, to dismiss a child whose conduct or influence is disruptive, uncooperative, etc., or in the opinion of the Camp Director, contrary to the best interests of the camp. In all of the aforementioned cases, there will be no refund of any part of the program fee.
10. Campus Camps, its employees, and affiliates shall not be responsible for clothing, jewelry, cell phones, or other personal possessions that are lost, stolen or damaged.
11. Use of Cell Phones or Electronic device is prohibited during the camp day. Campus Camps reserves the right to store these devices in the camp office until the camper is signed out of camp.
12. I authorize the Camp Director and/or Medical Staff of Campus Camps to provide medical attention to my child. I also grant permission for a physician to examine, treat, hospitalize or secure treatment for my child in the event of an emergency.
13. I give permission for the caregivers employed by Campus Camps to apply sunscreen/ointment/insect repellent to my child, while they are in attendance of the camp.
14. In the event of an emergency, every effort will be made to contact the parent(s). In the event that contact is impossible the undersigned parent/guardian of the child hereby gives permission to Campus Camps to bring their child to the nearest medical facility for medical care.
15. I am aware that the playing, practicing, traveling on and off campus and participation in any activity can be dangerous, involving many risks including serious injury or death. I hereby assume all the risks associated with my child's participation. By signing below, I am asserting that I knowingly and voluntarily assuming all such risks for my child as well as medical expenses incurred as a result of injury or illness to my child.
16. The "camp day" runs from 9:00am-4:00pm. Campers that are dropped off before 8:30am or are not picked up by 4:30pm will be placed in our extended care program for an additional cost of \$9.99 per child. Campers not picked up by 6:00pm will be assessed additional fees. It will be the responsibility of signee of this document to pay extended day program fees.
17. The terms hereof shall serve as an assumption of risk for my heir, estates, executor, administrator, assignees and for all members of my family. None of the above shall release Campus Camps from legal responsibility for its own negligence.

CHILD'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

CAMP DIRECTOR SIGNATURE: \_\_\_\_\_