

SUMMER CAMP / SPRING BREAK REGISTRATION FORM

www.summercambahomestead.com

www.summercambahkeylargo.com

CAMPER'S NAME _____ AGE _____

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CAMPER'S NAME _____ AGE _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone _____ Work Phone: _____

Cell Phone: _____

Email Address _____

Registration Date: _____ Registration Fee \$50 - Paid Cash or Check # _____

Registration Fee includes: 1 Camp T-shirt

The camp hours are:

8:00am to 5:00 pm, Monday through Friday / Early Drop-off & Late Pickup Available

Check weeks campers will be attending:

June 12- June 16 _____

July 24 – July 28 _____

June 19 - June 23 _____

July 31 – Aug. 4 _____

June 26 – June 30 _____

Aug. 7 - Aug. 11 _____

July 3 – July 7 _____

July 10 - July 14 _____

July 17 - July 21 _____

Spring Break Camp Week _____

TERMS OF ENROLLMENT/LIABILITY WAIVER:

- Extraordinary Martial Arts / Summer Fun Camp are not responsible for camper's personal belongings if lost, stolen or damaged. Extraordinary Martial Arts / Summer Fun Camp will make every effort to provide proper supervision so that losses will be at a minimum.
- Extraordinary Martial Arts / Summer Fun Camp reserve the right to charge a late fee of \$10 per 30 minutes per child left in our care after the 6:00 pm closing time. This fee is due and payable upon pick up of child.
- Directors reserve the right to deny, cancel, sever, or suspend a child's enrollment if deemed in the best interest of the camper or Extraordinary Martial Arts / Summer Fun Camp, in which case the deposit or unused camp fee will NOT be refunded.
- Previous balances must be paid in full by June 10th. Campers will not be accepted into camp until balance is paid in full, or other arrangements have been established. No reduction or allowance will be made for the late arrival or early withdrawal of a camper. No allowance will be made for any interruption in the camp season due to illness, family vacation, etc.
- Registration fees and deposits are NON-REFUNDABLE. Deposits are non-transferable.
- There is a \$30 service fee for returned checks. In the instance of a returned check, we reserve the right to accept only a guaranteed form of payment (ex. certified check, cash, or credit card).
- Make checks payable to: Extraordinary Martial Arts

Our mailing address is: 35202 South Dixie Hwy #140, Homestead, FL 33034 (Homestead)
105950 Overseas Highway Key Largo, FL 33037 (Key Largo)

I realize every precaution is taken to eliminate any injuries or hazards, and a competent supervisor is present; however, in the event of an injury,

I hereby waive, release and hold harmless from any liability for damages for personal injury including accidental death, as well as from claims for property damage which may arise in connection with the above named activity, against the director, Extraordinary Martial Arts / Summer Fun Camp, its officers, agents, employees, and volunteers.

In case of an accident or other emergency, personnel of Extraordinary Martial Arts / Summer Fun Camp and/or its agents are hereby authorized to secure medical care if deemed necessary as a result of accident or injury of participant. I further agree to pay any and all costs incurred as a result of said treatment.

PARENT/GUARDIAN SIGNATURE: _____

DATE _____

C.C. _____ CCV _____ Exp. _____ Billing Zip Code _____

Important Information Form

Child's Name: _____ Age: _____ Sex: _____

D.O.B.: _____

Parent or Guardian Name:

Phone Contact: Home/Cell: _____

Work: _____

Email Address:

In Case of Emergency:

Emergency Contact: _____

Number: _____

Alternate Contact: _____

Number: _____

Family Doctor: _____

Number: _____

(Physician on staff if none entered)

The following persons are authorized to pick up my child or children:

Signature:

Date:

GENERAL HEALTH INFORMATION:

Please list any and all medical conditions:

Recent Medical Attention or Serious Injuries:

Restricted activities or physical limitations of camper:

Other Health-related information:

If medication is to be administered at camp, please fill out Medical Form included.

Behavioral or emotional information:

Seasonal Allergies & Treatment:

Food Allergies & Treatment:

HEALTH HISTORY STATEMENT

This health history is correct to the best of my knowledge, and the camper listed above has permission to engage in all camp activities without limitations except as noted.

EMERGENCY AUTHORIZATION:

In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp director to secure proper treatment for the person named above.

I authorize Extraordinary Martial Arts / Summer Fun Camp to use photographs of my child in their advertising material.

Parent/Guardian Name _____

Parent/Guardian Signature _____

CAMPER MEDICAL FORM

CAMPER'S NAME _____

I authorize Extraordinary Martial Arts / Summer Fun Camp staff to administer the medication listed below as prescribed by my physician.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Name of Medication to be administered: _____

List the condition for which the medication is being used and any cautionary information specific to the medication:

The instructions for administration, including the dosage and frequency of administration:

List date, time and name of the person administering the medication to the camper:

List any medication errors and any adverse drug reactions:

The health director shall inform the prescribing physician of any medication error or adverse drug reaction.

The health director shall return any unused medication to the camper's parent or guardian within three working days after the camper's last day.

The health director shall destroy any medication he or she is unable to return.