

# SUMMER CAMP / SPRING BREAK REGISTRATION FORM

www.summercambahomestead.com

www.summercambahkeylargo.com

CAMPER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

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Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address  
\_\_\_\_\_

Registration Date: \_\_\_\_\_ Registration Fee \$70 - Paid Cash or Check # \_\_\_\_\_

Registration Fee includes: 2 Camp T-shirts

The camp hours are:

8:00am to 6:00 pm, Monday through Friday / Early Drop-off & Late Pickup Available

Check weeks campers will be attending:

June 13- June 17 \_\_\_\_\_

July 25 – July 29 \_\_\_\_\_

June 20 - June 24 \_\_\_\_\_

Aug. 1 – Aug. 5 \_\_\_\_\_

June 27 – July 1 \_\_\_\_\_

Aug. 8 - Aug. 12 \_\_\_\_\_

July 4 – July 8 \_\_\_\_\_

~~Aug. 16 – Aug. 20 \_\_\_\_\_~~

July 11 - July 15 \_\_\_\_\_

July 18 - July 22 \_\_\_\_\_

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:

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Recent Medical Attention or Serious Injuries:

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Restricted activities or physical limitations of camper:

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Other Health-related information:

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

Behavioral or emotional information:

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Seasonal Allergies & Treatment:

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Food Allergies & Treatment:

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**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:

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

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

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List any medication errors and any adverse drug reactions:

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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.