

# SO4S Day Camp

## Students Opting 4 Success

### Registration Form

#### Participant Information:

Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Level 2015-2016 SY \_\_\_\_\_

Sex \_\_\_\_\_ School Attending 2015-2016 school year \_\_\_\_\_ Grade Completed \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip Code

Does your child know how to swim? \_\_\_\_\_ NOTE: All swimmers will be given a mandatory swim test. All non-swimmers will be required to wear a life jacket at all times.

Circle T-Shirt Size: Y-XS Y-S Y-M Y-L A-S A-M A-L A-XL

Parent/Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian's Address \_\_\_\_\_  
Street City Zip Code

E-mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact (Other than Guardian) \_\_\_\_\_  
Name Phone Number Relationship

Persons Child Can Be Released To \_\_\_\_\_

Known Medical Conditions (allergies, limitations) \_\_\_\_\_

Are immunizations up to date? \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Any activity the student should be restricted from? \_\_\_\_\_

Are there any physical, mental, or other conditions that would require special attention or medication while at camp?

List any past medical treatment that would be helpful for us to know. \_\_\_\_\_

Are there any dietary needs we should know about? \_\_\_\_\_

List all medications, both prescribed and over the counter that your child will need during camp hours. The only medications that are allowed are EpiPens, anti-itching cream, inhalers and cough medicine. All medications must be in original containers. \_\_\_\_\_

Child's Physician \_\_\_\_\_  
Name Phone Number

May the camp contact the physician if the parents cannot be reached? \_\_\_\_\_

**Sessions:** Select  All Themes that you wish to sign your child up for:

- June 15 - 19 "About Me"; Swimming & Roller Skating \$140
- June 22 - 26 "Wacky Water Week"; Swimming & Bowling \$140
- June 29 - July 2 "America, the Beautiful"; Swimming & Movie Theatre \$130
- July 6 - 10 "Under the Sea"; Swimming & Florida Aquarium (\$155 1<sup>st</sup> - 4<sup>th</sup> grade)
- July 6 - 10 "Under the Sea"; Swimming & Florida Aquarium (\$165 5<sup>th</sup> - 8<sup>th</sup> grade)
- July 13 - 17 "Go Green"; Swimming & Circle B Bar Reserve \$130
- July 20 - 24 "Dinosaur Digs"; Swimming & Dinosaur World \$145
- July 27 - 31 "Mad Science"; Swimming & MOSI \$150
- August 3 - 7 "Eureka"; Swimming & Legoland \$185
- August 10 - 14 "Peace Out to Summer"; Swimming & Field Day/Party \$170

**Attending Times:** Please select  all that apply:

- Regular Camp Only 8:30a.m. - 4:00p.m.
- Early Camp 7:30a.m. - 8:30a.m. addt'l \$5 per day
- After Camp 4:00p.m. - 6:00p.m. addt'l \$15 per day
- Early Camp & After Camp addt'l \$15 per day

Will you be registering additional children? \_\_\_\_\_

Do you request a payment schedule? (Only available for parents requesting all weeks and must be paid in full prior to start of camp) \_\_\_\_\_

Do you request the lunch option offered by the camp for an additional \$5.00 per day? \_\_\_\_\_

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## CONSENT and RELEASE

### PAYMENT

I agree to pay the full camp tuition on or before June 5, 2015. Registration after June 5, 2015 will incur a late fee of \$50.00. I understand that there is a non-refundable registration fee of \$35.00 per camper. In addition, there is a non-refundable \$100 Materials Fee per camper.

### CERTIFICATE OF HEALTH

I/We certify that my child is in good health and in soundness of body that warrants his/her participation in SO4S Day Camp. Also, I/we certify that Our Child has no known recent exposure to a contagious disease and has had no operation or serious illness which would restrict his/her participation in the Program. I authorize Students Opting 4 Success to seek emergency treatment for Our Child in the event of any injury arising during Our Child's participation in the Program and understand that any medical costs resulting from any such injury will be borne by me/us.

### PERMISSION TO PARTICIPATE

I/We understand the nature of the Program, its activities and potential hazards, and the arrangements regarding the meeting times and fees. I/We understand that Students Opting 4 Success does not allow our child to enter or leave the premises at which they are registered without permission of the camp staff and a signed note from his/her parents or legal guardian. Finally, I/We understand

that SO4S Day Camp involves physical exertion and contact which may result in injury to Our Child. I/We accept full responsibility for Our Child and by signing below give my/our permission for Our Child to participate in SO4S Day Camp.

**PHOTO CONSENT**

I/we authorize Students Opting 4 Success to allow the reproduction, dissemination, and/or publication of both me and my child's name, portrait, photograph, voice, picture, image, likeness, performance, video and/or motion picture for media coverage, public relations, marketing or any other purpose (commercial or otherwise), related to Students Opting 4 Success, its camp, and other programs. I understand that by authorizing the release and use of the information herein, that I or my child will not receive any payment for the use of my name or my child's name, portrait, photograph, voice, picture, image, likeness, performance, video and/or motion picture. The rights granted herein are perpetual and worldwide.

**OFF-SITE FIELDTRIPS**

I/We hereby grant permission for my child to leave the camp premises under the supervision of staff members for field trips in an authorized vehicle. I recognize and agree that fieldtrips are done with the primary purposes of enriching my child's experience at camp, and that these field trips are not done by Students Opting 4 Success for commercial purposes. I acknowledge and agree that my child's participation in field trips is appropriate for my child and consent to my child's participation in field trips.

**TRAVEL**

I understand that my child will be traveling by rented bus to planned activities. Travel fees are included with my child's registration.

**REFUNDS**

I/We understand that Students Opting 4 Success has a no-refund policy on all camp tuition. I/We understand that camp is staff according to enrollment. I/We understand that there will be no refunds if my child is absent, or in the event of a hurricane, or if my child is dismissed on disciplinary action. If my child misses a day or a week of camp, I will not be compensated with other weeks or days of camp.

**WITHDRAWAL**

I/We understand that Students Opting 4 Success reserves the right to terminate enrollment of any child whose behavior put themselves, other campers and SO4S Day Camp staff in danger. Students Opting 4 Success has a zero tolerance policy for bullying, and/or acts of aggression.

**WAIVER OF LIABILITY**

I/We understand that in the ordinary course of camp, certain activities involve some risk. I/We agree to release and to hold harmless SO4S, its parent company, affiliated companies and subsidiaries, and all of their directors, officers, members, regularly contracted independent contractors, servants, and employees (collectively "Students Opting 4 Success, L.L.C.") from any and against any and all claims, suits, actions, demands, and causes of action arising from or in connection with these activities and regardless of any negligence on the part of Students Opting 4 Success, with the sole exceptions being for gross negligence or willful misconduct.

**CAMP COST**

I/We understand that the price of camp and/or activities may change if the minimum camp enrollment is not met and I will be notified if such changes are made.

**You verify that you are the parent or legal guardian of the above named camper and are over the age of 18. In addition, you declare that you that you have read and accept the above conditions.**

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**Parent/Guardian Signature**

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**Date**