

2012 CAMP SKATEDAZE ENROLLMENT CONTRACT

Child's Name: _____
 Grade as of January 2012: _____
 Credit Card #: _____
 Exp.: _____ Sec. Code: _____
 Automatically Charge CC Each Week for Payment _____
 or Pay Weekly by Cash _____
 Referred by: _____

To enroll your child in Camp SkateDaze, please fill out this form and select the days/weeks you would like your child to attend our camp. In order to guarantee a place for your child in all the days that you have selected, we must receive this form no later than **May 15, 2012**. We will still accept Enrollment Contracts after that date, but all the days may not be available. You will be notified if any days you have selected are full when we process your contract. In order to reserve your days/weeks, you must guarantee them with a credit card or pay for all weeks selected below at the time of enrollment. **Your credit card # must be included to hold camp weeks.** Your credit card will only be charged if we do not receive payment by 9 am on Wednesday for the following camp week

Please put an X to indicate which days you would like to reserve

Camp Week	All 5 Days	Monday	Tuesday	Wednesday	Thursday	Friday
May 31-1st						
June 4-8						
June 11-15						
June 18-22						
June 25-29						
July 2-6						
July 9-13						
July 16-20						
July 23-27						
July30-Aug. 3						
Aug. 6-10						
Aug 13						

This is a contractual agreement. Please review the following information carefully before signing.

- Payment is due by 9:00 am on Wednesday for the following week. If payment is not received by this time, we will automatically charge your credit card. Once your credit card has been charged, there will be no credits issued. All payments received after 9:00 am will be applied to your next camp week.
- Parents are responsible to pay for all days selected each week. There are no refunds, cancellations, substitution, or credits on enrollments. If your child is absent for any reason, you will not receive a credit for that day.
- Your credit card will be automatically charged \$15 from 5:31 – 6:45 pm and \$15 for every 15 minutes after that. Our Camp Hours are 7:00 am – 5:30 pm.
- You will be charged a \$10 fee for all credit card payments that are denied.
- There is a \$25 fee for late payments.
- **ALL CAMPERS MUST BE ENROLLED FOR A MINIMUM OF 10 DAYS.**
- If you wish to enroll your child for the last two weeks of camp, they must be enrolled for a minimum of ten days prior to July 27th.
- If your child is enrolled for the entire summer (5 days per week - all 11 weeks) and you do not yet know the dates of your vacation week, you may have until June 1, 2012 to notify the Camp Director by email about your vacation week. We will remove one week and you will not be charged for that week.

PARENT/GUARDIAN AGREES TO:

I, the parent/guardian of _____ have read the above tuition responsibility agreement which shall become my obligation to SkateDaze. I fully understand this obligation and the reasons for its implementation.

Parent/Guardian Signature: _____ Date: _____

BEHAVIOR MANAGEMENT POLICY

Camper's Name: _____ Grade: _____

Camp SkateDaze wants all of our campers to have a rewarding and memorable experience. In order for this to take place, there are a few rules campers are expected to follow. Please review the following rules and discipline measures with your child to ensure that he/she has a safe, positive and, most importantly, fun summer.

Camp Rules:

- To treat myself, others, and our camp with Care, Honesty, Respect and Responsibility.
- To follow directions and instructions from all staff.
- To stay with their group and counselor at all times unless given permission to do otherwise.
- To keep hands, feet and all other body parts to me.
- Be responsible for all personal belongings.
- To respect all camp facilities, equipment and property.
- To Have Fun!!

Camper Consequences:

- Redirection of camper
- Verbal warning or time out
- Visit Camp Director and call home. Child will speak to parents at that time.
- In the event that a second phone call is necessary, the child will be sent home.
- In the event of consistent or excessive failure to follow the rules, the camper will be sent home. If the camper severely endangers the physical, mental or emotional health of another individual, the camper may be sent home immediately.
- SkateDaze reserves the right to terminate a child's enrollment at our discretion.

Behavior Management/Discipline Agreement

I, the undersigned, have carefully read and gone over the above rules and consequences with my child. I agree with the above policy, and understand that in the event my child is sent home and suspended for failure to follow the rules, I will not receive a refund for any camp money for that time. If my child is removed from the camp permanently I will not receive a refund for that week. My contract will be terminated at the end of the week that the camper was sent home.

Signature of Parent/Guardian _____ Date: _____

Signature of Camper: _____ Date: _____

BRING A FRIEND TO CAMP

Camper's Name: _____ **Grade:** _____

I would like to bring: _____ to camp on Friday, July 6, 2012.

I understand that my child's friend must be in the same grade as my child. There is no fee to bring your friend to camp. Lunch and snack will be included.

The following information must be completed by the friend's parents and returned with your camp forms by May 24, 2012. We cannot accept any forms after that date.

Friend's Name: _____ D/O/B: _____ Grade 11/12: _____

Address: _____ Town: _____ Zip: _____

Mother's Name: _____ Home #: _____

Work #: _____ Cell #: _____ Email: _____

Father's Name: _____ Home #: _____

Work #: _____ Cell #: _____ Email: _____

Name of persons that you have authorized to pick up your child from camp:

Please tell us anything you would like us to know about your child: _____

Does your child have any physical restrictions? If so, please list: _____

Any photos or video footage taken while your child is at camp may be used for promotional purposes in print media and/or internet promotion. No financial remuneration is available should such a picture/video be used. If you do not wish to have your child appear in photos or video used to promote our camp, please initial: _____

My child has permission to engage in all camp activities and be transported to and from field trips that I have selected for him/her. In the event that I cannot be reached in an emergency, I give my permission to the physician selected by the camp to hospitalize and secure proper treatment for my child as named above.

Parent Signature

Date

2012 EMERGENCY CARD

LAST NAME: _____

CHILD'S FIRST NAME: _____ GRADE: _____

CHILD'S FIRST NAME: _____ GRADE: _____

CHILD'S FIRST NAME: _____ GRADE: _____

Custodial Parent: _____ Work #: _____ Cell #: _____

2nd Parent: _____ Work #: _____ Cell #: _____

Emergency Contact: _____ Home #: _____ Cell #: _____

In addition to the parents, please list below the person(s) authorized to pick up your child from camp:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please note that the camper will not be released to anyone not listed on this card. You will NEED to show identification. There are no exceptions. Any changes to this card must be made in person by the parent/guardian. You may also list additional people on the back.

2012 EMERGENCY CARD

LAST NAME: _____

CHILD'S FIRST NAME: _____ GRADE: _____

CHILD'S FIRST NAME: _____ GRADE: _____

CHILD'S FIRST NAME: _____ GRADE: _____

Custodial Parent: _____ Work #: _____ Cell #: _____

2nd Parent: _____ Work #: _____ Cell #: _____

Emergency Contact: _____ Home #: _____ Cell #: _____

In addition to above, please list below the person(s) authorized to pick up your child from camp:(you may also list on back of card)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please note that the camper will not be released to anyone not listed on this card. You will NEED to show identification. There are no exceptions. Any changes to this card must be made in person by the parent/guardian.

**CAMP SKATEDAZE
MEDICATION FORM**

Camp SkateDaze has established policies and procedures regarding the administration of medicine during the camp day. Medication includes over-the-counter medication. Counselors will not administer prescription medications. All medications are to be kept in the Camp Office and are not to be kept with campers or counselors. This policy applies to both prescription and non-prescription items.

All medication must be brought to camp in its original container. Pharmacy labels are required for all prescription medications. Non-prescription medications should be sent in original containers with the camper's name clearly written on it.

Please fill out this form in its entirety and return it to the camp check-in table with the required medication.

Child's Name: _____ Date: _____

Name of Medication: _____

Reason for Medication: _____

Dosage: _____ Time to be given: _____

Cautionary Information/Adverse Reactions:

Please note: With the exception of inhalers and Tylenol, unused medication must be picked up by the camper's parent/guardian at the end of each day. Any medication that is not claimed within three working days after the camper's last day of camp will be discarded.

By signing below I authorize all SkateDaze counselors' to administer any medications listed above at the scheduled time.

Parent/Guardian's Signature: _____ Date: _____

SkateDaze
Permission to make Photography and video
A Photo Release Form

"For due consideration, receipt of which is hereby acknowledged, I hereby grant SkateDaze, his successors and assigns, the absolute right and permission to copyright, publish and display all images made by him in which I or my property appear in whole or in part, composite or distorted in character or form in conjunction with my own or a fictitious name, or reproductions thereof in color, black and white or otherwise, made though any media at his studios or else ware, for art, advertising, trade, commercial, editorial, historical or any other lawful purpose whatsoever. I hereby waive any right that I have to inspect and/or approve the finished product or the editorial layout or the advertising copy that may be used in connection therewith, or the use to which it may be applied. I hereby release, discharge and agree to save harmless SkateDaze, his successors and assigned form any liability by virtue of blurring, distortion, alteration, optical illusion or use in composite form whether intentional or otherwise, that may result in the making of said images or in any processing or preparation tending towards completion of the finished product for publication, reproduction, commercial or display purposes. This release shall cover any and all past, present and future photography/videography sessions"

Name: _____
(Printed Name)

Name: _____
(Signature)

Address: _____

E-mail Address: _____

Phone: _____

Date: _____

Witness: _____

(Parental or Guardian consent if a minor, sign & print your name)