Camp Vision Registration Form

Please check all the weeks your child will be attending camp:

◊ June 3rd - 7th:	$75.00	◊ July 8th – 12th:	$75.00
◊ June 10th - 14th:	$75.00	◊ July 15th – 19th:	$75.00
◊ June 17th – 21th:	$75.00	◊ July 22nd – 26th :	$75.00
◊ June 24th – 28th:	$75.00	◊ July 29th – Aug 2nd:	$75.00
◊ July 1st - July 5th:	$75.00 *(No Camp July 4th)*	◊ August 5th – 9th:	$75.00

Circle Camper's T-Shirt size: Youth: Small (6-8) Med (10-12) Large (14-16) X-Large (18-20)
Adult: Small Med Lg XL

Campers are required to wear a camp shirt for all field trips. One t-shirt will be provided. Additional shirts may be purchased at $10 each.

Camper's Full Name: _____ **Circle One**: Male Female

Grade Entering: _____ **Age**: _____ **Date of Birth:** _ _/_ _/_ _ _ _

Swimming ability: Does not swim_____ Beg._____ Inter._____ Adv._____

Parent/Guardian Information

_____

Name (s) Last **First** **Relationship**

_____

Street Address **City** **Zip**

_____

Father Work Phone (s) **Father Cell Phone**

_____

Mother Work Phone (s) **Mother Cell Phone**

_____

Email address

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EMERGENCY NUMBERS OTHER THAN THE ABOVE PLEASE SPECIFY RELATIONSHIPS:

_____

Name **Relationship** **Phone** **Cell Phone**

_____

Name **Relationship** **Phone** **Cell Phone**

Camper Pick-up Authorization	**4 Digit Code:**	
1.	**Relation:**	
2.	**Relation:**	
3.	**Relation:**	
4.	**Relation:**	

In making application for Camp Vision, I understand and agree that:

1. Applications will not be processed without registration payment.
2. I/We have read and understand Camp Vision's policies concerning discipline and will pass this information along to my/our child.
3. I/We understand that Camp Vision reserves the right to dismiss any child who fails to adhere to Camp Rules and Regulations.
4. I authorize the directors of Camp Vision summer camp to act for me according to their best judgment in any emergency requiring medical attention. I waive and release Truth Learning Academy, Inc. employees, directors, and coaches, of all liability related to camp participation. I know of no mental or physical problem that might affect my child's ability to participate in summer camp. I will be responsible for any medical or other charges in connection with his/her participation in camp.

_____ _____

Signature of Parent or Guardian Date

Billing Information

Camp Vision Registration Fee $75 $_____

Non-refundable Deposit (#of weeks x $10 to reserve space) $_____

Additional Shirt (# of shirts x $10) $_____

TOTAL: **$**_____

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REGISTRATION AUTHORIZATION FORM

Parents/Guardians, please initial your agreement and consent to the following items:

I, _____, the parent/legal guardian of _____, hereby agree and/or give permission to the following initialed items.

	Parent Initials
Group Activities: Camp administration has full responsibility in placing my child in the proper age group for any and all activities.	
Transportation and Field Trips: I give permission for my child to be transported to and from offsite destinations in the surrounding Orlando area and participate in planned weekly field trips with adult supervision. The driver of the vehicle is licensed and insured.	
Photo Release: I give permission for my child's image, photograph, or other reproduction to be taken without reimbursement for the sole purpose of advertising the summer camp program.	
Sunscreen Application: I agree to apply sunscreen to my child before start of each camp day, as a portion of the day will be spent outside.	
Lost or Broken Items: I give permission for my child to be made aware that toys, games, electronics, and any other items of value are not to be brought to camp. I am aware that Divine Truth Christian Center, Truth Learning Academy & Camp Vision will not be held responsible for lost, broken or stolen items brought from home to camp.	
First Aid: I give permission for my child to be treated with basic first aid if deemed necessary. This consists of bandage, antibiotic ointment, or aloe gel.	
Fees: I understand the following fees will be enforced if applicable. Late Fees will be charged for late pick-ups. $1 per minute starting 5 minutes after pick-up. ALL fees must be paid BEFORE child can return to day camp.	
Mandatory Fees: I understand that the services, care and food my child is receiving during camp are included in a $75/week fee that is due by the Friday of the week before and must be paid no later than drop off Monday morning or child will not be permitted to attend camp.	

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CONSENT, RELEASE & WAIVER OF LIABILITY

Participating Child:_____
Participating Child:_____

Parent/Legal Guardian:_____
Address:_____
Telephone: _____ Email: _____

By my signature below, I/we understand and agree to the following concerning participation in camp activities:

1. NO MINOR may participate in any camp activity without a signed release form from a parent/legal guardian.
2. Any health issues, allergies, reactions, conditions, etc., relevant to the participant need to be reported in advance, on following Health and Allergy information.
3. Camp Vision staff will not be held responsible for administering oral medications of any kind.
4. The participant wishes to be accepted for participation in all camp activities. The participant assumes all of the ordinary risks normally incidental to the nature of these types of recreation, including risks and possible injuries, which are not foreseeable.
5. The participant hereby releases all rights and claims for damages against Divine Truth Christian Center, Truth Learning Academy and Camp Vision, including its staff, directors, volunteers, and all individuals assisting in instructing and conducting these activities, including the owners or lessors of premises used to conduct any and all activities, from all liability of any nature for any and all injuries, loss or damage suffered by participant at, or in any way connected with these injuries, even if arising from the negligence of those persons mentioned above, except that which is the result of gross negligence and/or wanton misconduct.
6. In the event of an emergency, I do hereby authorize any x-ray, examination, anesthetic, dental, medical, or surgical diagnosis or treatment by any physician or dentist of any hospital service that might be rendered under the general, specific or special consent of the program staff (Parents will always be attempted to be contacted FIRST). I understand that each participant must provide his/her own health and accident insurance. In the event of an injury or medical need, expenses incurred will be the responsibility of each individual (private pay), individual personal insurance, or group insurance from the sponsoring group, NOT Divine Truth, Truth Learning Academy, nor Camp Vision.
7. By registering my child for camp I realize that my child will be required to follow camp's rules and policies as failure to do so may result in expulsion from camp program.
8. I have read this release of liability, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

PARENT/LEGAL GUARDIAN'S SIGNATURE (*from above*):
_____ **DATE:_____/_____/_____**

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Health & Allergy Information

To ensure the safety of your child at school, Camp Vision Summer Day Camp Personnel are requesting that you complete the following Health & Allergy information. Please select all that apply to the camper. Use blank lines for additional information.

CAMPER ACTIVITY LEVEL

- ◯ Camper is in overall good health and is able to participate in all camp activities.
- ◯ Specific conditions (recent or long-term), that limit the camper in the following ways

_____

_____

CAMPER ALLERGIES

- ◯ Seasonal
- ◯ Bee Stings
- ◯ Poison Oak & Ivy
- ◯ Animals

_____

- ◯ Foods/Medications

_____

_____

_____

MEDICAL CONDITIONS

- ◯ Diabetes
- ◯ Asthma
- ◯ Seizures
- ◯ Heart Condition
- ◯ ADHA or ADD
- ◯ Recent Injury_____

_____

- ◯ Recent Surgery _____

_____

_____

Name of Child's Physician or Medical Care Provider

_____

Address:_____Phone:_____

Insurance Co Name:_____Phone:_____

Group #_____Policy # _____

Primary Policy Holder's Name:_____

Camp Vision will maintain the confidentiality of the information provided above and may disclose the information to appropriate personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

By signing below,

1. *I attest that all information given above is true and complete to the best of my knowledge.*
2. *I hereby give my permission for my child to participate in all camp activities, except those limited by my description above.*
3. *I release the camp from any responsibility other than normal supervision and care.*
4. *In the case of an accident, I will not hold Camp Vision Summer Day Camp; it's staff, faculty, volunteers, or officers liable.*
5. *In case of an emergency, I give my permission for camp management to seek medical care for my child.*
6. *I understand that medical bills incurred will be billed to my insurance provider.*

PARENT / LEGAL GUARDIAN'S SIGNATURE:

_____ **DATE:**_____/_____/_____

Date form was received by the camp:_____