

SUMMER FUN CAMP 2009 REGISTRATION

Camper Registration Form

Use ONE Registration Form per camper. Please print carefully so our staff can register your child correctly.

Office use only

CAMPER#	GROUP#	INITIALS

Please choose the campus that your child will be attending camp at.

Campus 1 (South West Miami)

Gladeview Christian School
12201 SW 26 Street
Miami, FL 33175

Campus 2 (Killian/Pinecrest)

Kendall Christian School
8485 SW 112 Street
Miami, FL 33156

Please circle a T-shirt Size

Youth: XS, S, M, L

Adult: S, M, L, XL

I. Camper Information

Camper Name (Last) _____ (First) _____ (Middle In.) _____

School Name _____ Grade Level (Fall '09) _____

Camper Address _____

City _____ State _____ Zip _____ Age _____ DOB _____

Male/Female _____ Parent's E-mail _____

II. Family Information

Parent/Guardian 1 (First/Last/MI) _____ Home Phone _____

Home Address _____ Employer _____

Cell Phone _____ Work Phone _____ Other Phone _____

Parent/Guardian 2 (First/Last/MI) _____ Home Phone _____

Home Address _____ Employer _____

Cell Phone _____ Work Phone _____ Other Phone _____

III. CAMPER PICK UP AUTHORIZATION

Parent/Guardian Authorization Signature _____

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

3. Name _____ Relationship _____ Phone _____

4. Name _____ Relationship _____ Phone _____

5. Name _____ Relationship _____ Phone _____

IV. Health Information

Child's Physician _____ Phone _____

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IV. Health Information Cont.

Please advise us of any learning disabilities, emotional, or physical conditions to assist us in providing the best camp experience for your child.

List any or all medications which your child will bring with him/her to camp:

<i>Medication</i>	<i>Medical Condition</i>	<i>To Be Given When/How</i>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

V. Allergies: List all known allergies

<i>Medication allergies</i>	<i>Describe reaction and management of the reaction</i>
<hr/>	<hr/>
<hr/>	<hr/>

<i>Food allergies or Dietary Restrictions</i>	
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

<i>Other allergies (Include insect stings, hay fever, asthma, animal dander, etc)</i>	
<hr/>	<hr/>
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EMERGENCY TREATMENT INFORMATION! PLEASE READ AND SIGN BELOW

Informed Consent for Emergency Treatment: In the case of an emergency and if I cannot be reached, I authorize the staff of Gladeview Christian School's & Kendall Christian School's Fun Camp to obtain whatever medical treatment he/she deems necessary for the welfare of my child. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether or not my medical insurance would cover such charges and fees.

Print Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

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Payment, Refund, and Photo Consent Form

**IN ORDER TO REGISTER, THE REGISTRATION FEE MUST BE PAID PER CAMPER.
REGISTRATION FORMS MAY BE FAXED TO (305) 225-1632 OR MAILED TO GLADEVIEW CHRISTIAN SCHOOL – 12201 SW 26TH STREET,
MIAMI, FL 33175**

I. Registration Fee (\$60.00 for each camp participant - non refundable) and/or weekly Tuition Payments

CHECK # _____ is enclosed payable to "Gladeview"

CHARGE: _____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____ DISCOVER

CARD # _____ - _____ - _____ V-Code _____

EXP _____ / _____ Zip-Code _____ Total Amount to be charged \$ _____

I agree to pay the above total amount with the credit card listed above.

CARDHOLDER NAME _____

CARDHOLDER SIGNATURE _____ DATE _____

2009 Camp Fees (Per Camper)	
Registration Fee	\$60.00
Weekly Tuition (1 st child)	\$115.00
Weekly Tuition (2 nd child)	\$100.00
Weekly Tuition (3+ children)	\$85.00
<i>(Visit website for early registration incentives and discounts)</i>	

II. Please select the weeks that your child will be attending: (If unsure, please leave blank)

_____ Week 1 - (June 8-12) _____ Week 3 - (June 22-26) _____ Week 5 - (July 6-10) _____ Week 7 - (July 20-24)
_____ Week 2 - (June 15-19) _____ Week 4 - (June 29-July 3) _____ Week 6 - (July 13-17) _____ Week 8 - (July 27-31)

IMPORTANT INFORMATION! PLEASE READ AND SIGN BELOW

REFUNDS: Refunds are only available on a camp credit basis that can be redeemed at a later time and are only offered to campers that undergo a severe illness or if a natural disaster occurs (Hurricane, Tropical Storms, etc.). Refunds will be made only to the original payee and may not be used by someone else.

ABSENCES: Refunds are not available for vacations, special events, short-term illnesses of four days or fewer, or other personal commitments that prevent attendance. Extended illness: A refund may be available for an extended illness if the student is absent the entire week. A note from the hospital/doctor and written note from the parent or guardian explaining the situation must be received in order to approve a camp credit refund.

DISMISSAL FROM CAMP: There are times when the camp must dismiss a child due to a psychological, emotional, or physical disability that precludes the child from participating safely or effectively in a group. Dismissal will take effect only after consultation among the parents, camper (if appropriate), and the Camp Director. Dismissal for the aforementioned reasons will result in a complete refund for the unused days. On occasion, dismissal may be necessary for disciplinary reasons. This action will take effect only after consultation among the parents, camper (if appropriate), and the Camp Director. If a camper is dismissed for disciplinary reasons, there will be **NO REFUND** for the unused days.

MANDATED REPORTING: Summer Fun Camp employees are mandated, by Florida State Law, to report any suspected cases of child abuse or neglect directly to the appropriate authorities for investigation. While we have established internal procedures to facilitate reporting and apprise supervisors, we cannot, by law, require our employees to disclose his or her identity to anyone.

PAYMENTS: All weekly payments (weekly tuition, lunch fees, & any field trips fees) are due by Monday morning of each week. **NO EXCEPTIONS.**

CAMP T-SHIRTS: For your child's safety, **all campers are required to wear their camp T-shirt every day.** Any camper that does not bring a camp T-shirt will be provided with one and will be charged for the shirt. (T-shirts are priced at \$12.00).

PHOTO CONSENT: Any photographs taken of the campers by Summer Fun Camp's Staff or their representatives are used for editorial and/or promotional uses only. If you feel you don't want your child's photo to be taken, please submit your concern in writing to the summer camp office.

I acknowledge that I have read Gladeview Christian School & Kendall Christian Schools' Summer Fun Camp Policies and that I accept its conditions, hereby relieving Gladeview Christian School & Kendall Christian School and its employees of all legal claims.

Print Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

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General & Transportation Waiver

GENERAL WAIVER

I, the undersigned, the parent/guardian of the child named below; do hereby consent to this child's participation in the 2009 Summer Fun Camp program. I acknowledge the participation in this program involves light to vigorous activity and includes the possibility of injury. I grant program officials the authority to obtain emergency medical treatment as necessary to insure that the child named below is safe from further injury. I am aware of no physical or other reasons why this child should not participate in camp programs and related camp functions. I will impress upon the child the importance of following camp rules, regulations and instructor's directions. In consideration of the camp allowing this child to participate in camp programs, I agree to waive and release Gladeview Christian School, its employees, and agents as well as Kendall Presbyterian Church, its employees, and agents from all claims for damages that may arise other than by negligence of the camp, its employees, and agents as a result of my child's participation in the camp activities.

TRANSPORTATION WAIVER

I acknowledge that my child will be participating in activities, field trips and events organized by Gladeview Christian School's Summer Fun Camp program. I am aware that the participation of my child is outside the scope of their daily routine. I give permission for my child to travel by a MDCPS approved school bus to the desired destinations.

I ACKNOWLEDGE AND CONFIRM THAT I HAVE READ THIS WAIVER PRIOR TO SIGNING BELOW.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Child's Name: _____

Date: _____