



## Enrollment Form FIT Camp 2018

### Camp Information:

Dates and Times:

Week 1 July 9 – July 13, Week 2 July 16 – July 20, Week 3 July 23 – July 27, 9-3 daily

Google Classroom:

We will be using Google Classroom again this year to communicate weekly lesson plans, important reminders and daily camper reports. Please provide us with a **gmail** account in order to be included on these notices. **You will need a gmail account to access Google Classroom.**

Primary gmail \_\_\_\_\_ Secondary gmail \_\_\_\_\_

### Camper Information:

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

T shirt size (circle one)      **Child S M L XL**                      **Adult S M L XL**

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

### Emergency Contact Information:

Please list 2 contacts that will be available during camp hours.

Primary Contact \_\_\_\_\_

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

Secondary Contact \_\_\_\_\_

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

**Before/After Care:                      YES                      NO**

Do you need before or after care? (Before and after care are available one hour prior to the start of camp and 1 hour after. There is a cost of \$10 for every time that care is used.)  
If YES, please list the dates you need care and specify whether it is for morning, afternoon or both. All before and after care must be reserved ahead of time and paid in full prior to the start of Camp. \_\_\_\_\_

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**Emergency/ Medical Information:**

Please list any Allergies or Medical needs your child may have. If your child requires medication while at camp please email Christine at chanley@friendshipinteam to get a medication form.

Medical Needs/Allergies \_\_\_\_\_

**Consent for Treatment:**

Please complete Part 1 or Part 2:

**PART 1 (To Grant Consent)**

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Dentist \_\_\_\_\_ Telephone \_\_\_\_\_

Hospital \_\_\_\_\_ Telephone \_\_\_\_\_

In the event reasonable attempts to contact me or the other contacts listed at the phone number(s) have been unsuccessful, I hereby give my consent for (1) the admission of any treatment deemed necessary by the above named doctors or above preferred dentist, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to the above preferred hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of 2 other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child’s medical history including ALLERGIES and any PHYSICAL IMPAIRMENTS to which a physician should be alerted: \_\_\_\_\_

Wears Contacts? YES NO Uses an inhaler? YES NO Has an EPIPEN? YES NO

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**PART 2 (Refusal for Consent)**

I DO NOT GIVE MY CONSENT for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the FIT Program(s) to take no action or to: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Speech Therapy:**

Do you want your child to receive individual therapy during camp hours? (There is no additional charge for this. If yes, I understand that I must provide a current IEP to FIT prior to 6/1/18.)                      YES                      NO

**Photography and/or Videotaping:**

Please complete Part 1 or Part 2.

**PART 1 (To Grant Consent)**

I hereby give consent for any video footage and or pictures taken of my child during the FIT Camp to be used in the making of DVD's, fliers, or our website page for the consumption by the public.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**PART 2 (Refusal for Consent)**

I do not give my consent for any video footage and or pictures taken of my child during the FIT Camp.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Waiver of Liability**

In order for a child to participate in FIT activities, his or her parent or guardian must sign the following waiver. AS TO ACTIVITIES ON THE PROPERTY OF RATNER SCHOOL WITH THE FIT PROGRAM(S)

I, the undersigned, am the parent or legal guardian of

Child's Name \_\_\_\_\_,

(the Participant(s)), with full authority to execute this waiver of liability. I agree on behalf of myself, and any related party, Participant(s), and my and their representatives, heirs, successors, and assigns do hereby and forever hold the FIT Program(s) and its respective employees, agents, representatives, heirs, successors and assigns harmless from and against any claim at law or equity, demand, lawsuit, cause of action, and/or damage or loss of any kind or nature, whether arising out of contract, tort, or otherwise, which we now have or may in the future have against the FIT Program(s), relating directly or indirectly to, or arising out of, the Participant's(s') involvement with FIT Program(s). I UNDERSTAND THAT THE SIGNING OF THIS WAIVER OF LIABILITY MEANS THAT NEITHER I NOR THE PARTICIPANT(S) NOR ANY OTHER REPRESENTATIVE OF THE PARTICIPANT(S) MAY SEEK LEGAL OR EQUITABLE RELIEF AGAINST FIT PROGRAM(S)

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

## **ADDITIONAL RULES AND REGULATIONS FOR CAMP FIT 2018**

The rules and regulations listed below are applicable to all campers. By signing the enrollment application, each parent/guardian of a Camp FIT camper agrees to comply with all such rules and regulations:

1. **Responsibility for Camp Tuition and Fees.** Parents/Guardians bear the final responsibility for payment of all Camp tuition and fees in a timely manner.
2. **Use of Third Party Funding.** Camp FIT welcomes third party funding for your child's Camp experience provided you comply with the following requirements:
  - a. If you are using 3rd party funding, a \$100 *nonrefundable* deposit is required to register your child and must accompany the signed enrollment application.
  - b. You are responsible for completing and submitting all required paperwork to the correct parties for such 3<sup>rd</sup> party funding in a timely manner to ensure payment is secured **prior to the start of camp**.
  - c. If you are using Jon Peterson or Autism Scholarships, you are responsible to make sure (i) your child's scholarship is renewed or accepted, (ii) the full cost of Camp has been allocated to FIT, (iii) all other providers are at zero for the month of July (to prevent the billing to go over the monthly cap), (iv) the full amount of Camp tuition and fees are available to be billed in the month of July and (v) you pay any balance that is unbillable for July due to caps etc. **prior to the start of camp**.
  - d. You are responsible to supply written proof of approval for the designated funding on or before June 1, 2018. Failure to produce such proof will result in your child's registration for Camp to be cancelled and your deposit forfeited unless you are able to make full payment to FIT for Camp prior to July 6 2018.
3. **Refunds.** No refunds will be issued after June 1, 2018 for any reason. No credits will be issued for days missed during Camp for any reason.
4. **Camp Paperwork.** All Camp paperwork must be signed and returned by June 1, 2018 in order for your child to participate in Camp. There will be no refunds for any days missed due to your failure to submit the required paperwork in a timely manner.
5. **Additional Fees.** Your child may be subject to additional fees as set forth below. All determinations as to the imposition of such additional fees shall be in the sole discretion of Camp Management.

- a. If a child is not independent at school and requires the assistance of an individual aide at Camp then there will be an additional fee charged of \$450 per week.
  - b. Undisclosed behavioral issues that your child may have may cause additional fees in order to provide an aide or could result in dismissal from Camp. There will not be any refund issued for dismissal for behavioral issues.
6. **Late Pickup.** It is the parent's responsibility to ensure that their child is picked up on time. Any pick up later than 10 minutes after the scheduled pick up time will be assessed a \$1 a minute fee.
7. **Additional Rules and Regulations.** Additional rules and regulations may be implemented by Camp Management by written notice delivered to you via email and/or hard copies (either by mail or hand delivery). Any such additional rules and regulations shall be binding upon you and your child from the date of issue and shall be deemed incorporated by reference into this document.

**Acknowledgment:** By my signature below, I acknowledge and agree that I am responsible for payment of the [tuition/fees] for my child. I further acknowledge and agree that I have read and understand the additional rules and regulations set forth above and agree to abide by each and every provision therein.

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

