

Teen Summer Camp 2018 Registration Form

Date of enrollment: _____

Shirt size: _____

Child's Name: _____

Last
Frist
Middle

Birthdate: ____/____/____

Month/Day/Year

School: _____ Grade: _____ Male/Female

Name of school
Grade entering Fall of 2017
(circle one)

Physical Address: _____ City: _____ Zip: _____

Mailing address *(if different)*: _____ City: _____ Zip: _____

Child Identification

Weight _____ Height _____

Hair Color _____ Eye Color _____

Other Identifying Features: _____

**PLEASE SUBMIT A RECENT
PHOTOGRAPH OF YOUR CHILD
(Taken within the last 6 months)**

Race

- Black/African-American
- Asian/Pacific Islander
- White/Caucasian
- American Indian
 - Bi-racial
 - Hispanic
- Other

Days attending camp: (Camp runs two days per week)

- Week of June 11-15
- Week of June 18-22
- Week of June 25-29
- Week of July 9-13
- Week of July 16-20
- Week of July 23-28
- Week of July 30- August 3

Parent/ Guardian Information- *Enrolling Parent refers to parent with final authority re: communication*

Custody of Child: Mother Father Both Other (please specify) _____

Guardian Name

Relationship to child: _____

Physical Address

City

Cell phone number

Email

Name of Employer/School

Phone # of Employer/School

Employer Contact person

Work Street Address

Work City and zip

Please circle one *Full Time or Part Time*

Work Schedule

Guardian Name

Relationship to child: _____

Physical Address

City

Cell phone number

Email

Name of Employer/School

Phone # of Employer/School

Employer Contact person

Work Street Address

Work City and zip

Please circle one *Full Time or Part Time*

Work Schedule

Please choose the appropriate statement below and sign to attest to your employment status.

* I am gainfully employed as noted above. _____
Enrolling Guardian Signature Date

* I am not employed. _____
Enrolling Guardian Signature Date

Medical Information

Please list allergies, special medical, dietary needs, or other areas of concern such as diagnosis of ADD/ADHD, Learning Disabilities, past discipline problems, IEPs or 504 plans, and gifted or special needs classes, etc. Please list if there is anything that the staff may need to know about your child (for example child turns white at sight of own blood or scared of anything that we may encounter on a trip).

Child Release information/Emergency Contacts

The following people will be contacted and are authorized to remove the child from the facility In case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

1) _____

Name

Address

Cell Phone #

Work/Home Phone #

3) _____

Name

Address

Cell Phone #

Work/Home Phone #

2) _____

Name

Address

Cell Phone #

Work/Home Phone #

4) _____

Name

Address

Cell Phone #


Work/Home Phone #

I give permission for my child to sign him/herself out of the teen program:

Signature: _____

ACKNOWLEDGEMENT OF FEES & CENTER POLICIES

I _____, guardian of _____, understand that my weekly registration and payment is due the Tuesday prior to the week my child / children will be attending the program. I understand that if payment is not made, my child/children will not be able to attend program. Guardian Agreement-in signing this application for my child, I affirm that he/she is in good health and is able to participate fully in the program unless otherwise stated in writing to the Program Director. The Center and the local newspapers reserve the right to use any and all photographs taken or in connection with the program or any of its activities. It is further agreed and understood that in case of suspension, a right reserved by the Center (or voluntary withdraw) there will be No refund for the period concerned once the student has begun his or her stay at our Center. In case of emergency I hereby give permission for the medial personnel selected by the program to order x-rays, routine tests, hospitalization, and secure proper treatment for and to order injection, anesthesia or surgery for my child as named on this agreement. Every effort will be made to contact the guardians or alternate, approved contacts in event of an emergency. The Center is not responsible for any monetary charges that may incur due to medical treatments. I give permission for my child to participate in food activities and special occasions wherein food is consumed. I hereby authorize my child to be transported from The Center of Anna Maria Island to Field Trips in The Center's authorized vehicles. I give permission for my child to go to on all planned trips.

 Signature of Enrolling Guardian _____

Date _____

Wavier for Participation

In consideration of your accepting my/our registration fee, I hereby, for myself, my dependent(s) and minor children, and our executors and administrators, waive and release any and all rights and claims for damages I or my dependent(s) or minor children have or may have against The Center of Anna Maria Island and its representatives, successors, employees, contractors, or volunteers (collectively The Center) for any and all injuries of death suffered by myself, my dependent(s) or minor children at any activity sponsored or monitored by The Center, happen upon its property, or through the use of its equipment. If I or my minor children or dependent(s) should suffer any injury, illness or death while participating in an activity, I authorize The Center staff to use their sole discretion in having me or my dependent(s) and minor children transported to a medical facility and I take all responsibility for this action, including costs. I authorize the medical facility to render any emergency treatment deemed necessary. Also, I understand that no refunds are given unless the activity is canceled or a doctor's release is presented. I understand that this release is a full and final release of all claims of any nature whatsoever for myself, my minor children or dependents, including but not limited to, claims arising due to the sole joint, contributory, concurrent or gross negligence of The Center. I understand that this release includes my minor children and I represent that I am the authorized guardian for my minor children. I understand that if I do not follow rules or code of conduct, myself and/or my family and/or guests will be asked to leave and I will not receive a refund. I hereby authorize The Center and local newspapers to take pictures/videos of me and my child(ren) and understand that these photos/videos become the property of The Center and/or the newspaper. I hereby give The Center permission to use these pictures/videos on The Center's web site and social media sites. I understand that these pictures will be accessible to anyone with Internet access and may be used in a promotional setting. I understand that Representatives of Manatee County Government may request access to any or all agency records relating to the programs and/or the delivery of services for the purposes of evaluating or monitoring the programs or delivery of service to the client, and give consent to the release of records for these purposes.

Signature of Enrolling Guardian _____

Date _____

Print Name _____

Relationship to Child _____

Teen Code of Conduct

- Bullying of any type will not be permitted
- Must sign in and out from program
- Must sign in and out teen room equipment
- Must treat all equipment and furniture with respect
- Must clean up after yourself
- Please refrain from using foul or abusive language
- Must treat all staff, adults, and others with respect
- Smoking, alcohol and drugs are not prohibited
- You Break it, you buy it or work it off

I _____ understand that if I get three discipline write ups during summer, I will lose my privileges to attend teen camp.

Teen Signature

Date

Guardian Signature

Date

Program Survey

Client Id# ____ / ____ - ____ - ____

**Child's Initials/ and date of birth (month-day-year)

Purpose: The purpose of this survey is to help you communicate any concerns you may have regarding your child and to help us develop programming to reduce risk factors associated with crime, violence, victimization, school failure, teen pregnancy, and other risky behaviors by strengthening factors that protect children and youth and encouraging the development of positive decision-making skills.

Please provide your answers to the following questions:

1. I am concerned about my child's school adjustment issues, including one or more of the following:

Yes No My child has missed 10 or more days in the last school year.

Yes No My child has been suspended and/or threatened with being expelled.

Yes No My child is enrolled in an alternative school.

Yes No My child does not like school.

2. I am concerned about my child's behavior regarding the law, such as:

Yes No My child has family members who have been involved or in trouble with law.

Yes No My child has been in trouble with the law, put on probation or placed in a Juvenile diversion programs.

Yes No My child has friends who are criminals, delinquent, or gang- involved.

3. Is this child in your care because he/she was removed from their home/parents:

Yes No

4. I am concerned for my child because we have a lot of crime in our neighborhood:

Yes No

5. My child has tried alcohol and/or tobacco and/or other drugs: **Yes No**

6. Does your child have a learning or physical disability? **Yes No**

- If yes, does your child have a 504 Plan or IEP from the School district? **Yes No**

7. Please provide any other concerns you might have: