



2022 Adventure Time Registration Form (6th-9th grades)

Child's Name: _____

Child's Grade _____ Shirt Size: _____

Children that attend Summer Teen Camp, must have completed & submitted the following prior to attendance:

- Registration form completely filled out.
- Registered in ProCare by visiting www.myprocare.com/Default/Index?aWtuPTg1MDkxMTM3NjAmc2NoSWQ9Mg==

OR register for ProCare through our website! Centerami.org

For Summer Camp, registration is due by 6pm the Thursday prior to care, Payment will be processed by 6pm the Friday prior to care. **THE CENTER WILL NOT ACCEPT LATE REGISTRATIONS OR DROP-INS.**

Staff Use Only

- Registered in ProCare
- Medical information signature
- Handbook signature
- Waiver signature
- Payment Signature
- Auto Billing
- Receipt
- Risk Survey

Staff Initials:

Director Initials:

Rev: 5/26/2020



The Center of AMI
Teen Camp
2021 Registration Form

Date of enrollment (date form is completed): _____

Child's Name: _____ Birthdate: ____ / ____ / ____
Las First Middle Month/Day/Year

School: _____ Grade: ____ Male/Female (circle one)

Name of School (Entering Fall of 2022) _____ age ____

Physical Address: _____ City: _____ Zip: _____

Mailing Address (If Different): _____ City: _____ Zip: _____

Child Identification

Height: _____ Hair Color: _____ Eye Color: _____

Other Identifying Features: _____

Reason for child attending program: (check at apply)

- Guardian(s) work/school and child would be left unattended
- Social interaction
- Other: (please specify): _____

Parent Guardian Information- *Enrolling Parent refers to parent with final authority (Communication, Payment)*

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

Enrolling Parent/Guardian Name

Relationship to child: _____

Physical Address

City and Zip

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 and Zip

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

I hereby grant permission for the staff of The Center of AMI to contact the following medical personnel to obtain emergency medical care if warranted. This also grants permission to transport my child to named facilities if parent cannot be reached and medical attention is warranted.

Doctor: _____ Phone: _____
Dentist: _____ Phone: _____
Hospital Preference: _____

Signature of Enrolling Guardian _____ Date _____

Emergency Care Plan instructions (if applicable): _____

Please list allergies, special medical, dietary needs, or other areas of concern such as diagnosis of ADD/ADHA, Learning Disabilities, past discipline problems, 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)

The Center Code of Contact

I have read and agree to follow the Center's Code of Contact, which can be accessed by going to our web site: www.centerami.org/codeofconduct

Camper's Name (Print): _____

Camper's Signature: _____ Date: _____

Enrolling Guardian Name (Print): _____

Enrolling Guardian Signature: _____ Date: _____

Child Release Information/Emergency Contacts

Each child will be released only to the custodial parent and/or legal guardian and the persons listed below. Their information must be entered into ProCare

Other than the parent/guardian the following people will also 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

CellPhone#

Work/HomePhone#

2) _____
Name

Address

Cell Phone#

Work/Home Phone#

3) _____
Name

Address

CellPhone#

Work/Home Phone#

4 _____
Name

Address

Cell Phone#

Work/Home Phone#

Please provide a note in writing or email The Center to notify if someone other than the names listed above intends to pick yourchild.

I, _____, allow my child, _____, to self-sign-out of The Center's Summer Camp when they arrive back from their field trip. I understand that by allowing my child to self-sign-out at the end of the camp, that The Center of Anna Maria and staff shall not be responsible for my child once they sign out at the end of the camp day.

Parent/Guardian Signature

Date

If there are any changes I understand that I must email customerservice@centerami.org for anyone to be added to the list.

ACKNOWLEDGEMENT OF FEES & CENTER POLICIES

I, _____, guardian of _____, understand that my weekly payment is due the Friday prior to my child / children attending the program. I understand that if payment is not made, my child/children will not be able to attend program. In signing this application for my child I attest 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. 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 in The Center of Anna Maria Island (AMICC) authorized vehicles.

••• •▶ Signature of Enrolling Guardian _____ Date _____

TUITION EXPRESS BILLING:

I understand I must register my child(ren) in The Center's ProCare System and that the credit card, bank card, or bank account I provide will be used for automatic tuition payments. If my payment is declined I will be charged a \$25 fee and after being declined three times I will be required to pay cash the Thursday prior to care. I understand I must let the Youth Program Manager/Recreation Director know the Thursday prior to the week of care if there are any changes or I will be charged and a refund will not be given. I also understand an automatic \$10 late registration fee will be added for any schedule changes that take place after the Thursday prior to care.

▶ Signature: _____ Date: _____

WAIVER OF PARTICIPATION

Child's Legal Name: _____

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 of my child and understand that these photos become the property of The Center and/or the newspaper. I hereby give The Center permission to take pictures of me and my children and to put the finished pictures 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. I hereby grant permission for the staff of The Center to have have access to my child's records.

Signature: _____

Date: _____

Print Name: _____

Relationship to Child: _____

RELEASE OF INFORMATION

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 _____ **Date:** _____

MEDIA RELEASE

I hereby authorize The Anna Maria Island Community Center (The Center) and local newspapers to take pictures of my child and understand that these photos become the property of The Anna Maria Island Community Center (The Center) and/or the newspaper. I hereby give The Anna Maria Island Community Center (The Center) permission to take pictures of me and to put the finished pictures on The Anna Maria Island Community Center's website and social media. I understand that these pictures will be accessible to anyone with Internet access and may be used in a promotional setting; however, no names of subjects will be published without written authorization.

Signature: _____ **Date:** _____



myprocare[®]

Dear parent/guardian,

The Center of Anna Maria is pleased to offer **MyProcure**, a free online portal for you to access account information, easily pay tuition, and choose schedules for your children. MyProcure is safe, secure and created with your convenience in mind.

Log in today!

1. Go to_

<https://www.myprocare.com/Default/Index?aWtuPTgMDkxMTM3NjAmc2NoSWQ9Mg==>

2. Enter your email address and choose **Go**.

3. Enter the confirmation code sent to youemail, choose a password, and press **Go**.

Please be VERY thorough when completing the registration as this will affect who is authorized to pick up your child(ren)

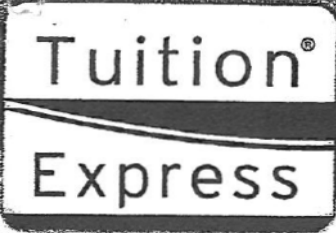
Only authorized adults with complete profiles will be allowed to pick up

4. Once information entered has been reviewed by The Center and processed for acceptance you may access <https://www.myprocare.com/to>:

- a. View your child's schedule, time card, and more.
- b. Use the **Pay** button to make a payment with your card.
- c. Choose schedules for your children.

Thank you!

The Center of Anna Maria and MyProcure



Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express - a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Form fields for Section A: Cardholder Name, Phone#, Cardholder Address, City, State, Zip, Account Number, Expiration Date, Cardholder Signature, Date

SECTION B (Bank Account)

Form fields for Section B: Your Name, Phone#, Address, City, State, Zip, Bank or Credit Union Name, Bank or Credit Union Address, City, State, Zip, Routing Transit Number, Account Number, Checking, Savings, Authorized Signature, Date

For Official Use Only

Form fields for official use: Date Received, Employee Signature

