



## 2023 Adventure Time Registration Form (entering 6<sup>th</sup>-9<sup>th</sup> grade)

**Child's Name:** \_\_\_\_\_

**Child's Grade:** \_\_\_\_\_

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

- **Registration form completely filled out.**
- **Registered in ProCare (Online)** Visit our website [www.Centerami.org](http://www.Centerami.org)

For Summer Camp, registration is due by  
6pm on the Thursday prior to care.

Payment will be processed  
by 6pm on the Friday prior to care.

### **Staff Use Only**

- \$25 Registration fee paid
- Medical information signature
- Code of Conduct signature
- Waiver signature
- Payment Signature
- Form Complete
- ProCare Profile complete

Staff Initials:  
Director Initials:

Rev: 4/5/2023



The Center of AMI  
Teen Camp  
2022 Registration Form

Date of enrollment (date form is completed): \_\_\_\_\_

Child's Name: \_\_\_\_\_ Name child goes by: \_\_\_\_\_

*Last*

*First*

*Middle*

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Grade going into: \_\_\_\_ Male/Female (circle one)  
*Month/Day/Year*

Name of School (Entering Fall of 2023) \_\_\_\_\_ Location: \_\_\_\_\_

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): \_\_\_\_\_

My child will be attending the following weeks: (**circle all that apply**)

Week 1: June 5<sup>th</sup>-9<sup>th</sup>

Week 2: June 12<sup>th</sup>-16<sup>th</sup>

Week 3: June 19<sup>th</sup>-23<sup>rd</sup>

Week 4: June 26<sup>th</sup>-30<sup>th</sup>

Week 5: July 3<sup>rd</sup>-7<sup>th</sup> (Closed July 4<sup>th</sup>)

Week 6: July 10<sup>th</sup>-14<sup>th</sup>

Week 7: July 17<sup>th</sup>-21<sup>st</sup>

Week 8: July 24<sup>th</sup>-28<sup>th</sup>

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

**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*

\_\_\_\_\_  
*2<sup>nd</sup> 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

## Child Release Information/Emergency Contacts

Each child will be released only to the custodial parent and/or legal guardian and the persons listed below. The parent is required to create an online ProCare account (additional information can be found on a later page or on The Center's website).

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 your child.**

I, \_\_\_\_\_, allow my child, \_\_\_\_\_, to self-sign-out of The Center's Summer Camp when they arrive back from their field trip and throughout the day on MWF. 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](mailto:customerservice@centerami.org) & [youthprograms@centerami.org](mailto:youthprograms@centerami.org) for anyone to be added to the list.**

# The Center Code of Conduct

I have read and agree to follow The Center's Code of Conduct, which can be accessed by going to our web site: [www.centerami.org/codeofconduct](http://www.centerami.org/codeofconduct).

## **Adventure Time Teen Room Code of Conduct**

- Bullying of any type will not be permitted
- Must treat all equipment and furniture with respect
- Must clean up after yourself
- No using foul or abusive language
- Must treat all staff, other adults, and all others with respect
- Must wear shoes at all times
- Please do not throw objects (including balls) in teen room
- You Break it, you buy it or work it off

**Camper's Name (Print):** \_\_\_\_\_

**Camper's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Enrolling Guardian Name (Print):** \_\_\_\_\_

**Enrolling Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## 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: \_\_\_\_\_

### 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):

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**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<sup>®</sup>

Dear parent/guardian,

The Center of Anna Maria is pleased to offer **MyProcare**, a free online portal for you to access account information, easily pay tuition, and choose schedules for your children. MyProcare 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 your email, 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**

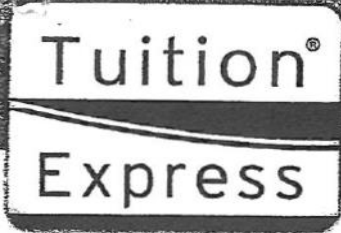
4. Once information entered has been reviewed by The Center and processed for acceptance you may access <https://www.myprocare.com/to>:

- 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 MyProcare





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)

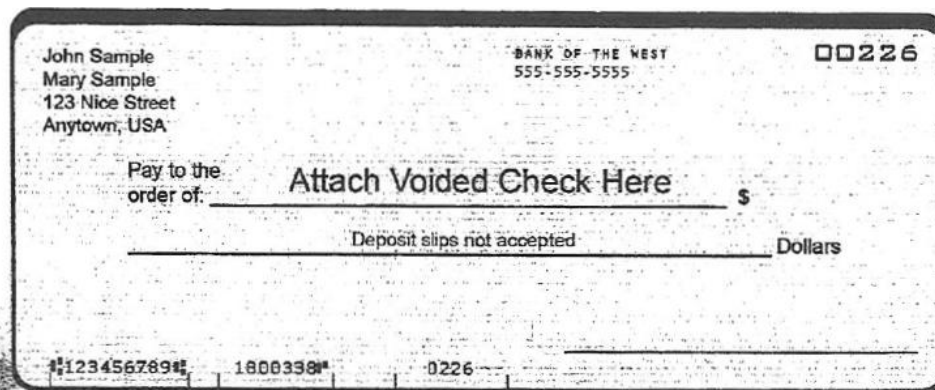
Form fields for Section A: Cardholder Name, Phone#, Cardholder Address, City, State, Zip, Account Number, CVV code, Expiration Date, Cardholder Signature, Date

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



A service of



