

2020 Camper Application Checklist

This checklist is to assist you in filling out your 2020 Camp Adventure Camper Application. If you have any questions throughout the registration process, you can call Scott or Fran at 954-475-8650.

- 1. Download Camper Application (all 6 pages).**
- 2. Fill Out Page 1 Camper Info. - Name, Age, School, Grade Going Into, Address, Sessions or Weeks Attending, Parent Information, Emergency Contact, Pick-Up Authorization, Parent/Guardian Signature.**
- 3. Fill Out Page 2 - Health and Emergency Information to include proof of Medical Insurance.**
- 4. Read Page 3 “2020 Summer Adventures” Information and “Payment/Camp Policies” and sign on the bottom**
- 5. Read Page 4 “Camp Adventure Discipline Policy” with your child so that they understand our behavior expectations, and “Release of Liability” and sign in designated areas.**
- 6. Fill Out Photo/Video Release Form**
- 7. Fill Out Camper Shirt Form**
- 8. Mail Application to:**

**Camp Adventure, Inc.
9470 SW 49th Place
Cooper City, FL
33328**

Camp Adventure, Inc.
Summer Camp 2020
“A Fun-Filled Summer Camp Adventure”
9470 SW 49th Place, Cooper City, FL 33328
Camper Application

Camper's Name	Age	M/F	School	Grade Going Into
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Camper's Name	Age	M/F	School	Grade Going Into
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*Address	City	State	Zip Code	Home Phone#
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If camper is attending by session, please check here:
Camper Will Attend: Session 1: _____ Session 2: _____ Session 3: _____ Mini-Camp: _____
6/8-6/26 6/29 -7/17 7/20-8/7 8/10-14

If camper is attending on a weekly basis, please check here:
Weekly: Week 1: _____ Week 2: _____ Week 3: _____ Week 4: _____ Week 5: _____
6/8-12 6/15-19 6/22-26 6/29-7/2 7/6-10

Week 6: _____ Week 7: _____ Week 8: _____ Week 9: _____ Mini Camp: (Wk. 10): _____
7/13-17 7/20-24 7/27-31 8/3-7 8/10-14

Mother's Name: _____ Work #: _____ Cell# _____

E-Mail: _____

Father's Name _____ Work #: _____ Cell# _____

E-Mail: _____

Emergency Contact Other Than Parent: _____

Relationship: _____ Phone #: _____

Pick-Up Authorization: The following people are authorized to pick up my child from camp:

Name: _____ Name: _____

I authorize Camp Adventure to obtain medical attention for my child in the event of an emergency and agree to submit the Camper Medical Form and the Emergency Consent form.

Parent or Guardian Signature	Date
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Health and Emergency Information

Camper 1: _____ Camper 2: _____

Ins. Comp.: _____ Ins. Comp.: _____

Card Number.: _____ Card Number.: _____

Dr./Phone # : _____ Dr./Phone # : _____

Dentist/Ph. # : _____ Dentist/Ph. # : _____

List all allergies to food, medication, and insects:

Special Concerns: _____

In case of illness or injury: If we cannot contact parents in whose care may we release the camper?

Name: _____ Cell Phone: _____

Relationship: _____

Parent/Guardian's Signature Date

2020 Summer Adventures

Adventure I June 8 - June 26

Adventure II June 29 - July 17

Adventure III July 20 - Aug. 7

Mini-Camp Aug. 10 - Aug. 14

We also offer weekly adventures to fit your Summer needs!

Camp Adventure Hours: Monday through Friday 8:30 A.M. to 4:30 P.M.

Before and After Care Hours: Mon.-Fri. 7:30 A.M.-8:30 A.M. & 4:30 P.M. - 6:00 P.M.

(No extra charge for early drop-off or late pick-up before 6:00 P.M.)

ALL DAILY CAMP ACTIVITIES, SUCH AS FIELD TRIPS, FISHING & BOATING, AS WELL AS SPECIAL EVENTS LIKE COLOR WAR, ARE INCLUDED IN THE CAMP FEES.

CAMP FEE SCHEDULE

	<u>1 WEEK</u>	<u>3 WEEKS</u>	<u>6 WEEKS</u>	<u>9 WEEKS</u>
Campers Grades K - 9	\$135	\$405	\$810	\$1215
Registration Fees	\$50 Per Child Non-Refundable			
Family Registration (3 or More Children)	\$125 Per Family Non-Refundable			
Family Discounts	10% off each additional child's camp session fees only			
Lunch-----	\$5:00 Per Day - Available on a Daily Basis			
Before/After Camp Care---A.M. - 7:30-8:30	No Charge--P.M. - 4:30 - 6:00 No Charge			
Late Pick-Up Policy-----	Campers Picked Up After 6:10 P.M. Will Be Charged \$1 per Minute			

****If you are planning on signing your child/children up for week 9 Color War, they must attend a minimum of 2 weeks prior to week 9, NO EXCEPTIONS!**

Payment Policy

THE FOLLOWING FEES ARE REQUIRED AT REGISTRATION:

1. A \$50 non-refundable processing fee per camper (\$125 per family of 3 or more campers). This fee is in addition to all other camp fees, and is not deductible from total amount due.
2. A one week deposit per camper. This deposit will be credited towards camper's last week attending. ****Returned Checks - In addition to any bank fees charged for returned checks, Camp Adventure will charge a \$25 service charge for any returned checks. Once a check has been returned by the bank, the customer must pay for camp fees with cash, a cashiers check, or money order. NO PERSONAL CHECKS WILL BE ACCEPTED AFTER A RETURNED CHECK.**
****Total fees must be paid by the Wednesday prior to the session or week that your child / children are attending.**

Camp Policies

1. Registrations are accepted on a first come, first serve basis. **If for any reason the registration must be cancelled or changed, NO Refunds Will Be Given.**
2. **No Refunds or Credit Will Be Given for Incomplete Attendance.** If a camper is withdrawn before the end of a session, no refund or credit will be given.
3. In addition to a processing fee and deposit, all registration forms must be filled out completely. Registration Forms are to include: Camper Name, Age, Grade Going Into, Address, Phone Number, Sessions or Weeks Attending (Please be accurate and keep track of weeks signed up for), Parent Information, Emergency Contact, Pick-Up Authorization, Health and Emergency Information, Camp Adventure Discipline Policy and Release of Liability, and T-Shirt Order Form. Family Discounts: for families with more than one child attending Camp Adventure, Inc., there is a 10% discount for each additional child.
4. Special Needs - The Camp Directors should be made aware, in writing, of any special needs or limitations that a child may have.
5. Dismissal: The Camp Director reserves the right to terminate or suspend any camper or deny his/her participation in any activity if his/her medical condition, conduct, influence, or behavior is deemed unsatisfactory and not in the best interest of Camp Adventure.
6. Stormy Weather Policy: Don't forget, Summer is hurricane season. If tropical storms or hurricane warnings threaten South Florida, Camp Adventure will be closed. Please call the camp ahead of time to get updates as needed. No refunds or credit will be given if camp has to be suspended during these times.

I, _____, have read, fully understand, and agree to honor the 2020 Camp Adventure Payment Policy.

Signature: _____ Date: _____

Camp Adventure Discipline Policy

Hello, and welcome to Camp Adventure for an exciting Summer Camp experience! In order for all campers to enjoy the benefits of a safe and exciting Summer, we have adopted the following discipline policy into our program. It is understood that my child/children are to follow all camp rules and regulations. After following the graduated discipline policy, if my child continues to break camp rules and regulations, he/she will be dismissed from Camp Adventure, Inc. and no refund will be given.

Camp Adventure Rules

1. No camper will threaten another with violence. No hitting!
2. Campers will refrain from using profanity. No cursing!
3. Campers will not take items from others without asking for permission first. No Stealing!
4. Campers will not destroy camp property.
5. **NO CELL PHONES:** Every counselor and director have cell phones for emergency use. With the technology available today, it is impossible to monitor the use of cell phones and the appropriateness of what the children are viewing. Scott will have a bin for anyone who feels the need to bring a phone to camp. The bin will be kept locked in Scott's truck, with the phones returned at pick up. **NO EXCEPTIONS!**

It is also understood that my child is permitted to participate in all camp activities, and that I am financially responsible for any damages or injuries caused by my child.

The following graduated disciplinary procedures are used by Camp Adventure, Inc..

1. **First Incident:** The child and counselor will sit and discuss the child's unacceptable behavior. The child may be given "time out", or sit out of an activity.
2. **Second Incident:** The child, counselor, and director will meet to discuss the child's unacceptable behavior and decide cooperatively what can be done to improve the child's behavior. The child may be given "time out", or sit out of an activity.
3. **Third Incident:** If the misbehavior continues, the camp director will call the camper's parents to discuss their child's behavior and what can be done to improve behavior.
4. **Fourth Incident:** If the misbehavior continues, the child will be suspended from Camp Adventure, Inc. for a time to be determined based on the severity of the misbehavior.
5. **Fifth Incident:** Upon return of the child from suspension, any further display of unacceptable behavior will result in the child being suspended from Camp Adventure, Inc. for the rest of the Summer. NO refund will be given.

Your signature below indicates your acknowledgement and understanding of Camp Adventure, Inc.'s rules and disciplinary actions, and that you have discussed them with your child.

Please Print

Child's Name: _____ Age: _____ Child's Signature: _____

Child's Name: _____ Age: _____ Child's Signature: _____

Parent/Guardian's Signature: _____

Camp Adventure Release of Liability

I acknowledge that participating in this camp carries with it the risk of injury. These risks include, but are not limited to, those caused by terrain, weather, equipment, and /or outside vendors of camp events. These risks are not only inherent to campers but are also present for camp staff. It is understood that all precautionary measures will be taken during the program operation. I hereby assume all of the risk of participating in this camp. I acknowledge that this Accident Waiver and Release of Liability form will be used by the camp administration in which I may participate, and that it will govern my actions and responsibilities at said camp events.

If parent, guardian, or emergency contact person cannot be reached by phone, I hereby consent to allow my child to receive medical treatment which may be deemed advisable in the event of injury, accident, or illness while participating at Camp Adventure. The Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

All children participating in camp activities must carry accident insurance and must have this Release of Liability form on file.

I hereby certify that I have read this document and fully understand it's content.

Parent/Guardian's Signature: _____ Date: _____

Camp Adventure, Inc. at Tree Tops Park

“A Fun-Filled 2020 Summer Day Camp Adventure”

9470 SW 49th Place, Cooper City FL 33328

(954)475-8650

Photo/Video Waiver Form

Dear Parents/Guardians,

Camp Adventure is proud of the variety of fun-filled activities that our campers participate in. Occasionally we use photos of our campers for our newsletters or website. Website photos would not identify your child by name.

If you permit your child's image to be used in Camp Adventure publications, check the line stating so. If you do not want your child photographed, check the line refusing permission.

 I give permission for my child's image to be used in Camp Adventure publications, i.e. weekly newsletters and website.

 I do not give permission for my child's image to be used in Camp Adventure publications, i.e. weekly newsletters and website.

Camper's Name: _____

Camper's Name: _____

Parent/Guardian Signature _____ Date: _____

