

ARANSAS PASS FOR YOUTH SUMMER CAMP PROGRAM 2018 REGISTRATION FORM

* Registration is April 1, 2018 through May 15, 2018. Camp begins Wednesday, June 13th and ends July 27th, 2018.

* Monday-Friday, 7:30AM-5:30PM

* A separate Registration Form must be completed for each camper.

* Eligible applicants will be entering first grade and be under the age of 14 on or before September 1, 2018.

* Transportation to and from the program **will not** be available.

* Program location TBD. Please like and check our Facebook page - @APforYouth - for updates.

* Lunch will be provided daily.

* Camp fees:

Seven-week program - **\$325.00** (Early Registration Fee must be paid in full by May 15TH)

Seven-week Program - \$350.00 (after May 15th)

Seven-week program - \$375.00 (after May 31st)

Seven-week program - \$400.00 (after June 11th)

Weekly program (If seats are available) - \$125 per week (Monday-Friday)

No daily rates are available.

THIS SECTION MUST BE COMPLETED ENTIRELY OR APPLICATION WILL NOT BE PROCESSED

Name: _____ Nickname: _____

Gender: _____ Birth Date: _____ Age: _____ Ethnicity: _____ Shoe Size: _____ T-Shirt Size _____

Physical Address: _____ City: _____ Zip: _____ County: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Work) _____ (Cell) _____ Email: _____

Parent/Guardian _____ Relationship: _____

Household Annual Income: _____ Do both parents live in the home? _____

of people living in home: _____ Is your child in school's free lunch program? ____yes ____no

Number of children under the age of 18 living in the home: _____

My child may watch movies with a _____ rating.

Alternative Contact: _____ Phone Number: _____

What school does your child attend? _____ **Grade completing/completed 2018** _____

Physical/Learning Disabilities: _____

Allergies: _____ List medications: _____

Please Rate Applicant's Swimming Ability: _____Excellent _____Good _____Fair _____Can't swim

Please Rate Applicant's Social Ability: _____Shy/Introvert _____Sociable _____Outgoing/Extrovert

PROGRAM RULES

1. Campers will not be allowed to leave camp once they arrive.
2. Campers will not be allowed to go outside to wait for their ride. Campers requesting to leave prior to this time must have parent or parent proxy contact camper's instructor.
3. Campers will be transported by bus to the swimming pool, bowling alley and on field trips by camp staff.
4. Campers will be offered a nutritious lunch or they can bring a lunch. The lunch count for field trips is taken the day prior to a field trip. If campers are not in attendance on that day, they are required to provide their own lunch for that field trip.
5. Camp hours are from 7:30 a.m. to 5:30 p.m. Camp staff is not available to monitor campers before 7:30 a.m. **No camper should be dropped off before 7:30 a.m. each morning and all campers must be picked up by 5:30 p.m.** Regular Camp activities and field trips are scheduled for **8:30AM-3:30PM** and extended hours will have additional activities scheduled. **The additional hours are for campers whose parents are not able to pick them up by 3:30PM.** If parent is going to be late picking up the child, every effort must be made to contact the provider. A late pick up fee of \$2/minute will be charged. **Late pickup will result in suspension or an earlier pick up time.**
6. Camp staff will not administer medications to your child. If a doctor has prescribed medications, it is the responsibility of the parent/guardian to administer any medications at the appropriate times. If your child has asthma that requires an inhaler or an allergy that requires an EpiPen, one is required on the first day of camp or child will not be able to attend camp until one is received.
7. In case of an emergency, camp staff will do whatever is necessary for the safety of your child. Contact with the parent or guardian will be made as soon as possible. Please provide accurate/current contact information.
8. Camp staff will inspect campers for head lice. If your child has head lice or the signs of head lice, he/she will be sent home and will not be allowed to return to camp until treatment and removal of all signs of lice has occurred.
9. Aransas Pass for Youth is a non-profit organization here to give campers a safe, supervised alternative summer activity. Although Aransas Pass I.S.D. provides facilities in which to conduct the camp, school rules are not applicable during the summer program. **WE WILL NOT TOLERATE ANY DISCIPLINARY PROBLEMS.**
10. **Electronic Devices Cell Phones, etc.:** Strongly discouraged and brought at your own risk. Aransas Pass for Youth **will not** be held responsible for loss, theft, damaged electronics or personal items.
11. A copy of this registration form will be provided to parent/guardian after acceptance into the program. Please refer to it if you have any questions. *Ask your child daily of any communications which may be sent home for your review.*

Disciplinary Policy-Action:

1st offense - camper will be given a warning and possible time out.

2nd offense - camper will be sternly counseled by camp staff and will sit out of the activity for a period of time depending on the offense.

3rd offense - camper will be sent home for the day. If offense occurs at the end of the day or during a field trip, camper will not be allowed to return the following day.

4th offense - camper will be sent home and will not be allowed to return to the program.

There will be no refund of camp registration fees.

THE CAMP DIRECTOR MAY CHOOSE TO SKIP A STEP IN THE DISCIPLINARY PROCESS IF DEEMED NECESSARY. THE CAMP DIRECTOR MAY DISCHARGE ANY CAMPER AT ANY PHASE OF THE DISCIPLINARY PROCESS.

Camp Location:
To Be Determined

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION AND
ACCEPTANCE OF THE RULES, REGULATIONS AND POLICIES**

I have read and understand the above rules and regulations and accept them for my child. Furthermore, I hereby give my consent for my child to participate in the Aransas Pass for Youth Summer Camp. If in the judgment of any representative of the Aransas Pass for Youth my child needs immediate medical treatment as a result of an injury or sickness, I hereby request, authorize and consent to such treatment as may be given to said child by any physician, trainer, nurse, hospital or qualified medical personnel. I also hereby agree to indemnify and save harmless the Aransas Pass for Youth Organization and any representative of said organization, the Aransas Pass ISD., the Aransas Pass Chamber of Commerce, or anyone else directly or indirectly involved in this program from any claim by any person, whomsoever, on account of such treatment of said child.

The Aransas Pass Chamber of Commerce, Aransas Pass ISD, and Aransas Pass for Youth, Inc., or their employees will not be held liable for accidents occurring while your child is participating in the summer recreation program. We will not carry liability insurance on your child to cover any medical expenses that may occur due to his/her participation in the summer camp.

It is the responsibility of the parent to drop off and pick up their child at the appropriate times (7:30AM/5:30PM). ***The summer camp staff is not expected to arrive early or stay late.*** Your child can and will lose their right to participate in the summer program if they are not picked up at the appropriate time. There will be no refund of money if your child's right to participate is terminated.

Campers will be going on field trips during the program to various places. My signature is my permission for my child to attend. If any additional expenses are required, I agree to pay them. If I choose not to allow my child to go or I choose not to pay additional fees, I understand I will have to make other arrangements for that day at my own expense.

Photo/Video Release

Aransas Pass for Youth, Inc. may photograph, sketch or video campers during summer camp while they are participating in field trips and activities. These photographs are used for advertising and/or promoting the program. By signing this registration form you are giving permission for your child to be photographed, sketched or videoed and pictures to be published in local newspapers, for news purposes only, and for promotional displays.

___ Yes, I give my permission for my child to be photographed, sketched or videoed.

___ No, I do not give my permission for my child to be photographed, sketched or videoed.

Internet Release

In consideration of the privilege of my child using Aransas Pass ISD's electronic communications system, and in consideration for having access to the public networks, I hereby release Aransas Pass ISD, Aransas Pass Chamber of Commerce, and Aransas Pass For Youth, Inc., or their employees, its operators, and my child's use of, or inability to use, the system, including without limitations, the type of damage identified in the district's policy, which is available upon request; and administrative regulations.

___ Yes, I give my permission for my child to access the Internet.

___ No, I do not give my permission for my child to access the Internet.

I have read and understand the above information. My signature shows my agreement and acknowledgment of these rules and this information.

Parent/Guardian Signature

Date

Print Parent/Guardian Name

ARANSAS PASS FOR YOUTH, INC.

2018 SUMMER CAMP PROGRAM

RELEASE OF LIABILITY AND AUTHORIZATION OF CONSENT FOR TREATMENT OF A MINOR

My child, _____, has my permission to participate in the Aransas Pass for Youth Summer Camp Program including all scheduled field trips or alternative activities. **SCHEDULE IS SUBJECT TO CHANGE. PARENTS WILL BE NOTIFIED.**

- Scheduled activity:**
- Victoria Zoo - June 20, 2018
 - Texas State Aquarium – June 27, 2018
 - Rockport Beach- July 11, 2018
 - Movies - TBD – July 18, 2018
 - Hurricane Alley –July 25, 2018
 - TBD – June 14th, 21, 29th July 5th 13th, 20st, 27th, 2018
 - Swimming – June 19th, 26th July 3,10,17,24, 2018
 - Public Safety Day - June 16th, 23rd, 30th July 6th, 13th, 20th, 2018

Ayuda, Project Turn Around, Connections, Corpus Christi Food Bank, Mr. Kippy, Girl Scouts – Mon. Tues. Thurs. June 13th – July 27th

I authorize the Aransas Pass Chamber of Commerce, Aransas Pass for Youth, Inc. and the Aransas Pass Independent School District, its employees and volunteers to transport my child to the Scheduled Activity or Alternative Activity. I also certify that I will not hold the Aransas Pass Chamber of Commerce, Aransas Pass For Youth, Inc. or the Aransas Pass Independent School District, their employees, or volunteers legally or financially responsible for any injuries or accidents that may occur during the scheduled outing or in transit to and from the outing. I assume complete and full responsibility for any injury that might occur to my child or intentionally caused by my child.

Additionally, being the parent/guardian of the above named minor and the person having the power to consent to medical treatment of the above named child. I authorize the AP for Youth Staff to consent to emergency medical treatment of the above named child, when I cannot be contacted to do so. Such medical treatment to include without limitation, medical and dental examination, diagnosis and treatment, including but not limited to hospitalization, surgery, x-ray, anesthesia, and medication. No prior determination of life threatening emergency or danger of serious or permanent injury resulting from delay of treatment need be made under this authorization.

I SPECIFICALLY CERTIFY AND AGREE THAT:

This authorization is given in advance of any specific diagnostic treatment of hospital care being required but is given to provide authority and power on the part of Aransas Pass For Youth Staff to give specific consent to any and all such examination, treatment and/or hospital care. I will indemnify and hold harmless from any expenses or claims of any nature, any entity which provides or is caused to provide examination, treatment or hospital care pursuant to this Authorization and agree to make or cause to be made, by assignment of third party benefits or otherwise, full and complete payment for such examinations, treatment or hospital care.

This authorization is limited to emergency treatment necessitated only during the hours in which the above named child participates in the Aransas Pass for Youth Summer Program, and thereafter until I can be contacted.

The possession of the original of this Authorization by the Aransas Pass for Youth, Inc staff is evidence that he or she has temporary care and control of the above named minor in the event I cannot be contacted or until I can be contacted.

My signature on this release of liability also affirms that my child has no medical condition which might make it dangerous for him/her to participate on field trips.

In case of any emergency, I can be contacted at: (361) _____ . In the event I can not pick up my child; I authorize the following person(s): _____ .

Printed Name of Parent/Guardian

_____ Date

Signature of Parent/Guardian

_____ Date