



REGISTRATION FORM

Student's Name: _____
(First - Middle - Last)

Female Male Birth Date: _____ Age: _____ Grade Completed: _____
(M - D - Y)

Camp Option: *Dolphins 'Summer Camp* *Dolphins' Teen Adventure*
(4 to 12 years old) (13 to 15 years old)

Dominant language: _____ TPA Student: Yes No

Amount Paid: \$ _____ Method of Payment:
Cash ATH Credit C. Check # _____

Summer Camp fee is Not Refundable!

Monthly Option: Weekly Option:

Weeks	Mark X	Mo	Tu	We	Th	Fr
Week 1		4	5	6	7	8
Week 2		11	12	13	14	15
Week 3		18	19	20	21	22
Week 4		25	26	27	28	29

Physical Address: _____

Mailing Address: _____

E-mail Address: _____

Home Telephone: (____) _____ - _____

+ ***Emergency Telephones (phone numbers while child is in the camp):***

Father's Name: _____ Tel.: (____) _____ - _____

Mother's Name: _____ Tel.: (____) _____ - _____

Other: _____ Tel.: (____) _____ - _____
(Name and Relation)

Allergies, Asthma, Diabetes or other disabilities: _____

Swimming Abilities: None Fair Good Excellent

REQUIREMENTS

- Certificate of Health:** Provided by a Doctor, certifying that the child is in good physical condition to participate in the Summer Camp activities.

Student's Name: _____ DOB: _____

I, _____ as Parent or Legal Guardian (circle one) am entering into this contract for my Child's participation in The Palmas Academy's Dolphins Summer Camp, including its field trips, under the following terms and conditions.

I understand that the Dolphins' Summer Camp and The Palmas Academy are not liable for any accident or injuries sustained while participating in the camp. I fully discharge and forever hold The Palmas Academy, Palmas Athletic Club Inc. ("PAC"), its affiliates, and or related companies, and their respective directors, officers, agents, employees, and assigns harmless from any claims, demands, charges, damages, costs, expenses, actions and suits, known or unknown, which may arise in the future, directly or indirectly related to the activities of this camp.

I consent to the use of my child's photographs, for publicity, promotion, advertising and marketing this summer camp.

I give full authorization to the Medical Personnel, selected by the Summer Camp Director to conduct routine examinations and tests, including X-rays (if deemed necessary), and treatments for the wellbeing of my child. I further agree to the release of any records necessary for insurance purposes.

In case of an emergency please contact:

Name: _____ Relation _____ Tel _____

Name: _____ Relation _____ Tel _____

In the event we cannot be reached in an emergency, I hereby authorize the Summer Camp Director or Staff to exercise their best judgment as the emergency treatment needed, the Doctor and Hospital facilities to be used.

I further grant to the Doctor's and the Hospital attending my child full authorization to perform any treatment they judge necessary to insure the welfare and wellbeing of my child. If at all possible treatment should be rendered:

Dr. _____ Tel _____
(Preferred)

Hospital: _____ Tel _____

Late Pick Up

I agree to adhere to the following after camp children's "Pick up Policy". All campers must be picked up by 3:00 PM. I will inform the counselor if I will be late in picking up my child. I also agree that a fee of \$15.00 per hour or fraction may be charged by the counselor for late pickup.

In the event that I or the authorized person is unable to pick up my child I authorize the following persons to do so. The individuals listed below are over 18 years of age.

Name _____ Relation _____

Name _____ Relation _____

The Palmas Academy will not release my child to anyone without my permission. Further The Palmas Academy will not release my child to the "Authorized Person" without asking for proof of Identity.

I agree that page 1; the Registration Form is a part of this document.

Signature

Relation

Date