



OLD PINE
COMMUNITY CENTER

Summer in the City

Weekly Rate: \$225

Extended Day: \$30.00 (weekly) \$8.00 (daily)

Please only select the weeks your child will be in attendance; the Old Pine Community will hold a spot for your child and payment will be required.

Please check the appropriate week of attendance for your child.

<input type="checkbox"/>	6/22/2020 - 6/26/2020	
<input type="checkbox"/>	6/29/2020 - 7/3/2020	
<input type="checkbox"/>	7/7/2020 - 7/10/2020	(Closed 7/6/2020 in Observance of Independence Day)
<input type="checkbox"/>	7/13/2020 - 7/17/2020	
<input type="checkbox"/>	7/20/2020 - 7/24/2020	
<input type="checkbox"/>	7/27/2020 - 7/31/2020	<input type="checkbox"/> Yes, we will need the extended day program
<input type="checkbox"/>	8/3/2020 - 8/7/2020	<input type="checkbox"/> No, we will not need the extended day program
<input type="checkbox"/>	8/10/2020 - 8/14/2020	
<input type="checkbox"/>	8/17/2020 - 8/21/2020	
<input type="checkbox"/>	8/24/2020 - 8/28/2020	

Contact Information

My child is: Girl Boy **My child's age is : _____**

Child's name _____

Phone _____

Address _____

City _____ State _____ Zip _____

Birth Date _____ Age _____

School _____ Grade (Sept 2020) _____



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Mother/Guardian _____

Home Phone _____ **Cell** _____

Address _____

City _____ **State** _____ **Zip** _____

Employer _____ **Work #** _____

Email _____

Father/Guardian _____

Home Phone _____ **Cell** _____

Address _____

City _____ **State** _____ **Zip** _____

Employer _____ **Work #** _____

Email _____

***Please indicate who to call first in the event of an emergency**

***If neither mother nor father can be contacted, call:**

Name _____

Relationship _____

Home phone _____

Cell phone _____



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Name _____

Relationship _____

Home phone _____

Cell Phone _____

***If you cannot pick up your child, please give the names and relationships of persons to whom the child can be released:**

Please list people whom the child *cannot* be released to:

Information about your child

(to help meet your child's needs, please check all that apply)

_____ Allergies (TYPE) _____

_____ ADD _____ ADHD



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Emotionally, behaviorally, intellectually, or physically challenged (Please give details)

Use of medication (type & schedule)

Other special needs

Emergency Care Information

Child's Doctor _____

Doctor's Phone _____

Child's Dentist _____

Dentist's Phone _____

Hospital preference _____

Hospital's Phone _____

Insurance Company _____

Insurance Policy # _____



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Disclaimer

In the event that my child should have a sudden illness or accident at the OLD PINE COMMUNITY CENTER Summer in the City program, I understand that the staff will attempt to reach me for instructions. If I cannot be reached immediately or if the staff member in charge views the situation as critical, I request that 911 is contacted and/or one of the above physicians be called. I authorize the OLD PINE COMMUNITY CENTER staff to request assistance from the paramedics or emergency room staff. It is understood that every effort will be made to contact the undersigned before treatment is given but that treatment will not be withheld if I cannot be reached. It is also understood that I will be responsible for all costs involved in treatment of this minor child.

Parent/Guardian _____

Date _____



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Parent Statement of Understanding

The following information is important for the safety and protection of your child/children. Please read the following information. Please keep and refer to your copy of the OLD PINE COMMUNITY CENTER'S parent policies and procedures. Your signature indicates that you have received and are responsible for the information provided therein.

I understand that I must sign-in my child/children into the camp program upon arrival. I must also sign-out my child/children upon departure from camp

I understand that I am not to leave my child/children at the camp site unless a camp counselor is there to receive and supervise my child and then only after my child is signed into the camp program.

I understand my child/children will not be allowed to leave the camp program with an unauthorized person. Any person authorized to pick up my child/children must either be listed or other arrangements must be made by calling the OLD PINE COMMUNITY CENTER to inform them of the change.

I understand that should a person arrive to pick up my child/children, who appear to be under the influence of drugs or alcohol, for the child's safety, staff will NOT release the child and may have no recourse but to contact the police. Please do not put the staff in a position where they have to make this judgment call.

I understand that the OLD PINE COMMUNITY CENTER is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I understand that the fee agreement filed at the time of camp registration outlines my understanding of the payment procedure and program costs. There will be no credits given for days that my child/children cannot attend camp.

I understand that payment is due by 6:00 PM the Friday before the week my child/children attend camp. Any money received after this time is subject to a \$10 late fee. Furthermore, I understand that my child cannot attend camp until payment is made.



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I understand if I pick my child/children up after 3:30PM (6PM for extended day children), I will be charged \$5 per each 5 minutes late. If I am late 3 times, my child/children are subjected to a suspension from the camp program.

I understand that OLD PINE COMMUNITY CENTER will provide lunch for my child/children but my child/children may also bring a bagged lunch with his/her name on it (nothing microwaveable). For safety reasons my child/children must also wear sneakers to camp.

I understand that the OLD PINE COMMUNITY CENTER is not responsible for lost or damaged items. Campers should not bring the following to camp: radios, iPods or MP3 players, PSP, toys, or any other valuable items. Cell phones should not be brought to camp.

I understand that all campers and counselors will participate in all field trips and activities at OLD PINE COMMUNITY CENTER during Summer in the City.

I understand that all registration forms must be completed prior to my child/children attending camp. No Exceptions will be made.

Field Trips:

I understand that my signature on this form permits the camper to leave the OLD PINE COMMUNITY CENTER on authorized trips (by van, bus OR Public Transportation) and walks under the supervision of the OLD PINE COMMUNITY CENTER camp staff.

Please cut at line and return this upon registration.

I have read and understand the Dates, Rates and Parent Statement of Understanding and I am in agreement.

Child's name _____

I have received, read, and understand the statements above.

Parent signature and date



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WAIVER & PHOTO RELEASE OF LIABILITY

I, for myself and on behalf of my heirs, assignee, personal representatives and next of kin, hereby grant *the Old Pine Community Center*, its assignees, licensees, and legal representatives the irrevocable right to reproduce, use exhibit, display broadcast, distribute and create derivative works of the photographed images of myself and/or my child/children or child/children in my care for use in connection with the activities of the Old Pine Community Center or for promoting, publicizing, the Center and/or its activities or for any other legal purpose. This release includes, but is not limited to, the right to publish such images in public relations/promotional activities, such as marketing admissions publications, advertisements, fundraising materials, and any other publications.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I further grant the unrestricted right and permission to copyright and use, re-use, publish, and republish photographic portraits or pictures of me, or my child/children or child/children in my care or in which I or my child/children or child/children in my care may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever.

These images may appear in any of the wide variety of formats and media now available to the Center and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM, and electronic online media.

I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

Signature _____

Print Name _____



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Date _____

FOR PARENTS/GUARDIANS OF MINOR PARTICIPANTS

This is to certify that I, as parent/guardian with legal responsibility for this participant(s), do consent and agree to his/her release, as provided above, and for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the Old Pine Community Center from any and all liabilities incident to my minor child's (ren's) involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law.

Parent/Guardian Signature _____

Parent/Guardian Printed Name _____

Date _____