

# Camp Olympia Parent/Guardian Agreement and Notice of Policies

## TERMS AND CONDITIONS OF REGISTRATION

I represent that I am a custodial parent or legal guardian of \_\_\_\_\_. I agree to provide Camp Olympia (referred to as "CO" hereafter) with the following documentation, properly completed and signed, prior to my child attending camp:

- (1) **medical form** filled out by the child's physician, based on an exam performed less than one year of my child's last day at camp, as required by the City of New York and the Board of Health;
- (2) a **Health Record for Children in Day Camps & Afterschool & Youth Centers – DCR 7** (this document is on the reverse side of the blank medical form provided; and
- (3) a signed and completed **CO Parent/Guardian Agreement and Notice of Policies** (this document).

Unless CO is restricted by a court order directed expressly to CO, (1) CO is hereby authorized to release the child to either parent (or persons authorized by either parent) at any time during the day even if both parents do not live at the same address, and (2) to permit both parents to visit the child at CO. Disputes between parents which involve CO in any way must be resolved immediately by the parents, failing which CO shall have the right to terminate this contract and dismiss the child. Should such action be taken by CO, no refund will be made and the parent who signs this contract will, nevertheless, be responsible for all amounts due CO as if the child had not been dismissed.

I irrevocably authorize and consent to CO's use of the child's name, photograph, portrait or image in connection with CO's brochure, website, or other promotional or advertising publication and to CO's use of a child's and/or child's family's home address and phone number for group lists. I release CO and shall indemnify and hold CO harmless from and against any and all claims, liabilities and expenses (including reasonable attorney's fees) arising from such use.

CO shall have the right to make all decisions regarding a camper's fitness to participate in particular activities or the entire Camp program. At any time before opening day of the camp season, CO shall have the right to cancel this contract if it determines in its sole judgment: (1) that the physical, mental or emotional condition of the child would prevent him/her from participating safely and satisfactorily in CO's program and interacting positively with other children at the camp or (2) the child's parent(s) make an unreasonable demand upon the Camp. Once camp has begun, the Camp shall have the right to terminate this contract and dismiss the child if it determines, in its sole judgment: (1) that the child exhibits unacceptable behavior which prevents CO staff from safely supervising the child or proves detrimental to himself/herself, other campers or Camp staff or property, or (2) the child's parent(s) make an unreasonable demand upon the Camp. I do hereby give permission to CO to obtain the necessary emergency medical treatment for my child, if necessary, with the understanding that the family is notified as soon as possible. If my child receives an injury during sports camp, I am responsible for any medical expenses incurred.

I represent to the CO that written in the space below is his/her camper's history of physical, social and/or mental medical conditions including allergies, surgical procedures, therapy programs and/or regularly-taken prescription medication(s). **(initial here)**

Medical Conditions: \_\_\_\_\_

Prescriptions: \_\_\_\_\_

Due to allergies, does your child require either of the following: Epi-Pen? Yes \_\_\_ No \_\_\_ ; Inhalator? Yes \_\_\_ No \_\_\_

I represent to CO that the camper is able to participate in all Camp activities and that the camper's involvement in camp activities will not impinge or impact negatively on the camper, any other camper or the Camp program. I have read the Orientation Letter on the website \_\_\_\_\_(initial here).

**Parent agrees to advise the Camp Director promptly IN WRITING of any change in the camper's physical, social or mental medical conditions (as indicated above) between the date of enrollment and the start of the Camp season as well as through the Camp session.**

The parent who signs this contract will be responsible for payment of all fees charged by the Camp.

I have read, understand and agree to the above terms and conditions.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Name AND Phone Number -- PRINTED