

All Sports for All People-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 for All People/ Camp Olympia (referred to as "ASAP-CO" hereafter) with the following documentation, properly completed and signed, prior to my child attending Afterschool:

(1) A 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 afterschool, as required by the City of New York and the Board Of Health;

(2) A signed and completed ASAP-CO Parent/Guardian Agreement and Notice of Policies (this document).

I hereby grant permission to ASAP-CO to pick up my child from PS130 (70 Ocean Pkwy) and bring to MS 893 (713 Caton Ave) _____ (Initial here)

ASAP-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 to permit both parents to visit the child at ASAP-CO unless ASAP-CO is restricted by a Court order directed expressly to ASAP-CO. Disputes between parents which involve ASAP-CO in any way must be resolved immediately by the parents. Failure to follow the above, ASAP-CO shall have the right to terminate this contract and dismiss the child. Should such action be taken by ASAP-CO, no refund will be made and the parent who signs this contract will, nevertheless, be responsible for all amounts due ASAP-CO as if the child had not been dismissed.

I irrevocably authorize and consent to ASAP-CO use of the child's name, photograph, portrait or image in connection with ASAP-CO brochure, website, or other promotional or advertising publication, and shall indemnify and hold ASAP-CO harmless from and against any and all claims, liabilities and expenses (including reasonable attorney's fees) arising from such use.

I hereby understand where ASAP-CO program takes place; ASAP-CO is a peanut free zone.

ASAP-CO shall have the right to make all decisions regarding a child's fitness to participate in particular activities, or the entire after school program. At any time before opening day of the camp season, ASAP-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 ASAP-CO program and interacting positively with other children at the afterschool program or

(2) The child's parent(s) make an unreasonable demand upon the afterschool program.

Once afterschool has begun, the ASAP-CO 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 ASAP-CO staff from safely supervising the child or proves detrimental to himself/herself, other participants or ASAP-CO staff or property. This includes—but is not limited to—bullying.
- (2) A parent of a child exhibits unacceptable behavior

Children must be physically able to participate in all afterschool activities in order to attend afterschool. Children may not attend afterschool with medical conditions that have not been diagnosed by a physician and/or that may be contagious and out other camper's health at risk.

I do hereby give permission to ASAP-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 afterschool, I am responsible for any medical expenses incurred.

I represent to the ASAP-CO that written in the space below is his/her 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: _____

Allergies: _____ Typical Reaction: _____

Therapy programs/ Individual instruction (Paraprofessional or other):

Prescriptions: _____

Due to allergies, does your child require either of the following: Epi-Pen? Yes ___No___ Inhaler? Yes ___ No ___

Participants must be able to self-administer Epi Pen or inhaler

I represent to ASAP-CO that the camper is able to participate in all activities and that the child's involvement in activities will not impinge or impact negatively on the child, any other child or the program. I have read the Orientation Letter on the website
_____ (Initial here).

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

Attendance Policy

I understand that there is a minimum two day enrollment for all children. The days I chose will be permanent throughout the session. If my child has to miss a day, my fee will not be prorated for the missed day. I understand choosing different days weekly will not be possible.

Payment Policy

I agree and understand there is a \$50 deposit per session to ensure his or her space. I understand that the deposit will be deducted from the cost of my camp session. If I choose not to leave the \$50 deposit per child per session, I understand that I may be locked out of a session. Deposits will only be refunded up to 2 weeks prior to new afterschool session. I understand and agree that all payments will be made in full **prior** to my child attending the afterschool program. I understand that no personal invoices will be sent out.

Refund Policy

I understand that no refunds or adjustments will be made for incidental absences including, but not limited to illness, failure to provide a medical form, or forgetting the sessions for which I registered my child. If my child does not like the afterschool program , parents must notify the ASAP-CO staff within 24 hours to see if the situation can be resolved.

Bounced Check and Fee Policy

I understand and agree that ASAP-CO will charge me a \$25 surcharge for any bounced check they receive from me for afterschool and that ASAP-CO reserves the right not to accept additional checks from me and will only accept cash or money orders for future after school payments.

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.

Parent's name (print): _____

Relationship to camper: _____

Parent's Signature: _____

Phone number: (__) _____

Email: _____

Emergency Contact #: _____

Relationship to Camper: _____