

LOCATION:

BMYD Summer Camp Registration Form

FOR AGES 5-16 Years • DATES: Varies per county • TIMES: 6:00 a.m. – 6:00 p.m. Monday-Friday

OFFICE: 1857 Wells Rd. Suite 222B, Orange Park, FL 32073

REGISTRATION FEE (NON-REFUNDABLE): \$40.00 (one- time fee) per child plus one weekly fee

PAYMENT SCHEDULE: Weekly payments are due no later than Saturday by 6:00 p.m.

Programs: Children will enjoy traditional activities like sports, arts and crafts, field trips and educational enrichment.

Personal Information: To be completed by the child(ren) parent/guardian. This form must be signed by a parent/guardian and submitted along with the camp enrollment fee to the following address: *Bright Minds Youth Development • P.O. Box 441963, Jacksonville, FL 32222*

Child Name: _____ Age: _____ 2017-2018 Grade level: _____ Current School: _____

Child Name: _____ Age: _____ 2017-2018 Grade level: _____ Current School: _____

Child Name: _____ Age: _____ 2017-2018 Grade level: _____ Current School: _____

Child Name: _____ Age: _____ 2017-2018 Grade level: _____ Current School: _____

Child(ren) Address: _____ City _____ State _____ Zip: _____

Parent Email 1: _____ Parent Email 2: _____

Mother Name: _____ Home: () _____ Cell: () _____

Father Name: _____ Home: () _____ Cell: () _____

Who Does Child(ren) Live with? BOTH MOTHER FATHER OTHER _____

Authorize Pickup Name _____ Phone _____ Relationship _____

Authorize Pickup Name _____ Phone _____ Relationship _____

Authorize Pickup Name _____ Phone _____ Relationship _____

Please check the weeks your child(ren) will attend the camp. ***REGISTRATION FEE AND WEEKLY FEES ARE NON-REFUNDABLE***

[] May 31 – June 2 [] June 5-9 [] June 12-16 [] June 19-23 [] June 26-30 [] July 3-7 [] July 10-14 [] July 17-21 [] July 24-28

Please note below any dates that your child(ren) will miss during the nine weeks of camp. NOTE: An advance payment must be made for the week you plan to return.

Medical Insurance Information:

[] I **DO NOT** have medical insurance that covers my child(ren) and I agree to be fully liable for any and all medical cost incurred for treatment.

[] I **DO** have medical insurance for my child(ren) and I agree to be responsible for all costs that my medical insurance does not cover.

Child(ren) primary insurance company: _____ Phone: () _____

Policy holder name: _____ Relationship with camper: _____

Policy/membership number: _____ Group name/number: _____

Effective date of coverage: ____/____/____ Comments: _____

I have read and I fully accept the terms and conditions described in the Camp Flyer. I understand that Bright Minds Youth Development, Inc. and the camp staff will do everything in their power to avoid any injury to all campers. I am fully aware that outside activities or any sport involves risk of injury/illness. I understand that because of the nature of sports activities, contact and physical exertion will occur during this camp and that injury during sports activities at camp because of contact or physical exertion is possible. In return for my child ("Participant") being allowed to participate in the camp, I release and agree not to sue any of the campers at the camp, Bright Minds Youth Development, Inc., and their staff members, sub-contractors, sponsors, agents, and affiliates from all present and future claims that may be made by the Participant or me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of the Participant's participation in the camp and caused by the ordinary negligence of the parties listed above, wherever, whenever, or however the same may occur. I understand and agree that those listed above are not responsible for any injury or property damage arising out of the camp, even if caused by their ordinary negligence. I understand that participation in the camp involves certain risks, including, but not limited to, serious injury. I am voluntarily allowing the Participant to participate in the camp with knowledge of the danger involved and agree to accept all risks of such participation. I certify that the Participant is in excellent physical health, and may participate in strenuous and hazardous physical activities. Permission is granted for Participant to receive emergency medical treatment, if needed. I also agree to indemnify and hold harmless those listed above for all claims arising out of Participant's participation in the camp and all related activities. I agree to let the parties use Participant's name and likeness free of charge in any manner and for any purpose without compensation to me or Participant. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the camp is taking place and agree that if any portion of the Agreement is invalid, the remainder will continue in full legal force and effect. I am the parent or legal guardian of the Participant. I am of legal age and am freely signing this Agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies. I represent that I am a parent/legal guardian of the child named above and I agree that the terms of this release are binding on me and the Child.

Parent/Legal Guardian Signature _____ Date _____

BRIGHT MINDS YOUTH DEVELOPMENT, INC.
PO BOX 441963 • JACKSONVILLE, FL 32222
(904) 637-4720 • www.brightmindsyouth.org
A 501(c)(3) nonprofit youth service organization.



Bright Minds Youth Development, Inc.

SUMMER CAMP 2017 AUTHORIZATION FORM

Child Name:	Gender:	Race:	Age:	D.O.B:	School:	Grade:
1.						
2.						
3.						
4.						

Home Address: (Write "same" if multiple children share the same address.)

1.
2.
3.
4.

Parent/Guardian Name: *	Home Phone:	Cell Phone:	Email Address:
1.			
2.			
3.			
4.			

***Write "same" if multiple children share the same parent.**

Household Arrangement: (Please circle) Both Parents Mother of Child Father of Child
Grandparent Other Relative Foster Care Other (specify): _____

Swimming Ability: (Please circle) Non Swimmer Beginner Intermediate Proficient

Please list any known allergies or special dietary needs:

Please list any additional relevant information about the child:

Bright Minds Youth Development, Inc.

SUMMER CAMP 2017 AUTHORIZATION FORM

IN ADDITION TO A PARENT/GAURDIAN, please list two additional persons authorized to remove child(ren) and/or serve as a contact in case of illness or accident. Every person MUST PRESENT VALID IDENTIFICATION before any child will be released. If none, please indicate "none".

1. **PARENT/GAURDIAN Name(s):** _____ Phone: _____
Email: _____ Relationship (Please circle) PARENT or GAURDIAN

2. Name: _____ Email: _____
Phone: _____ Relationship: _____

3. Name: _____ Email: _____
Phone: _____ Relationship: _____

General Release of Liability: (Application is not considered complete unless signed below.)

In consideration of being allowed to participate in any way in **Bright Minds Youth Development, Inc. Summer Camp Program** and related events and activities, the undersigned agrees to the following:

I, _____, acknowledge and fully understand that each participant will be engaging in activities that may involve risk or serious injury, including permanent disability and severe social and economic losses, which might result from their actions, inactions, or negligence and/or from the actions, inactions or negligence of others, the rules of play, the condition of the premises, or the condition of any equipment used. Furthermore, the undersigned fully understands there may be risks not known or reasonably foreseeable to **Bright Minds Youth Development, Inc.** at this time.

To the best of my knowledge, my daughter/son is physically fit to engage in the activities in question. I understand that the Clay County School Board, **Bright Minds Youth Development, Inc.**, and the employees and agents thereof, will exercise reasonable care while my daughter/son is in their custody and care and engaged in activities through the summer camp program. I agree to hold the Clay County School Board, **Bright Minds Youth Development, Inc.**, and the employees and agents thereof, harmless from any and all liability, which may arise while exercising their duty of care, relating to my daughter/son for personal injury or illness that may be suffered, or any loss of property that may occur to my daughter/son while participating in the summer camp program.

Signature of Parent or Guardian 1

Date

Signature of Parent or Guardian 2 (If Applicable)

Date

Child 1 Name: _____

Child 2 Name: _____

Child 3 Name: _____

Child 4 Name: _____

Bright Minds Youth Development, Inc.

SUMMER CAMP 2017 AUTHORIZATION FORM

Authorization for Emergency Care: In case of an accident or serious illness and when the summer camp program employees or agents cannot reach me, I hereby authorize the summer camp program employees or its agents to contact the physician indicated below and follow his or her instructions. If it is impossible to contact this physician, the summer camp program employees or agents may make whatever arrangements are necessary to provide care and treatment for the child.

Physician Name

Physician Phone

Signature of Parent or Guardian 1

Date

Signature of Parent or Guardian 2 (If Applicable)

Date

Child 1 Name: _____

Child 2 Name: _____

Child 3 Name: _____

Child 4 Name: _____

Photo/Media Release: I hereby authorize videotaping/filming/photography of my child(ren) and/or the release of his/her name and achievement(s) for publishing (print, World Wide Web, etc.) and/or broadcasting purposes. I also consent to the showing of the videotaping/filming/photography to any person. I understand that Bright Minds Youth Development, Inc. is not a party to outside organizations photography/filming/video production and will hold Bright Minds Youth Development, Inc. and the Clay County School Board harmless from any liability in connection with a production not produced internally by Bright Minds Youth Development, Inc. or Clay County Public Schools.

Signature of Parent or Guardian 1

Date

Signature of Parent or Guardian 2 (If Applicable)

Date

Child 1 Name: _____

Child 2 Name: _____

Child 3 Name: _____

Child 4 Name: _____