



WASATCH KIDS (CAMPS) OUT OF SCHOOL PROGRAMS

Registration & Medical Authorization

SCHOOL ATTENDING: _____ **DISTRICT** _____

PROGRAM(s) ATTENDING: Please Circle the Program(s) you plan on your child(ren) attending.
 Not all of these are offered at every school. If you are interested in us offering one at your school let us know.

After School Program
 Friday Field Trips
 School Break Program(s)

1. Campers Name(s) _____

 Birthday(s) _____ Grade(s) _____

2. Parent/Guardian Information: Parental Status: Married Divorced Separated Single Parent

Name _____ Name _____

Relationship _____ Relationship _____

Phone _____ Phone _____

Work Phone _____ Work Phone _____

Address _____ Address _____

E-mail _____ E-mail _____

Custody Information/Stepparents _____

3. Emergency Contact Information (Other adult authorized to sign your child in and out)

 1) Name _____ Relationship to camper _____

 Phone _____ Cell _____

 2) Out of Area Contact (in case of local emergency) _____

 Relationship to camper _____ Cell _____

4. Billing Preference I prefer to pay for the program:

- Please _____ I would like the office to bill me every two weeks & I will pay by check.
 Check One _____ I will set up automatic credit card payments with the office.
 → _____ I will send a check with my child on the day(s) he/she attends.
 _____ I am receiving state assistance to pay for a portion/all of the charges.

5. Camper Information (Please provide appropriate detail for your child's safety- **Continue on back as needed**)

Allergies/Sensitivities/Medications (For medications to be given by us, you must fill out and return a Medication Release Form)

Acute and Chronic Medical Conditions/Disabilities- _____

Any Other Health Concerns/Comments/Instructions _____

6. Health Information

Date of Last Physical Exam _____ Child's Doctor _____ Phone _____

Insurance _____ Policy Holder _____ Policy # _____

8. Medical Authorization (Please Read Carefully and Sign)

In the event that any above listed child, becomes ill or sustains an injury or in the event of an emergency situation I give the staff of **WASATCH KIDS CAMPS (WKC)** permission to act on my behalf and administer first aid for my child's relief. If it is not practical to return my child to me or to receive my instructions for my child's care, I give permission for my child to be admitted to any hospital or medical facility or to receive services at such a facility. I hereby grant permission for the staff of **WKC** to authorize the use of emergency transportation if needed for appropriate emergencies or to transport my child to a medical facility in case of an emergency. I also give consent, for any licensed physician and/or surgeon to whom my child is taken for treatment, for them to administer such treatment, drugs and medicines and to perform such surgical procedures that the existing emergency requires to preserve my child's life or health or for the relief of pain. Authorization is also given for other reasonable measures or procedures that may be required. I understand that all expenses for any services obtained will be at my expense. I also hereby release **WKC**, it's affiliates, their officers, employees, subsidiaries, and agents from all liability for any injury, which may result from any such diagnose and/or treatment.

Printed Name _____ **Signature** _____ **Date** _____



WASATCH KIDS CAMPS Out of School Program Release & Payment Agreement

Camper's Name(s) _____

Please read these terms carefully. This form contains financial terms and a release for liability resulting from your child's participation in **Wasatch Kids Camps** Programs. By signing this form, you agree to its terms. **Wasatch Kids Camps** agrees to out of school programs on the dates your child attends. In return, the financially responsible party for the above mentioned child agrees their child may participate in all scheduled activities and agrees to pay in full for the agreed upon dates/weeks. You also agree that your child may participate in all planned activities, unless otherwise requested by you in writing.

Financial Agreement

You will be billed for the dates that your child(ren) attend our program. Billing is done on a daily basis. **Any late pickup will be charged at the rate of \$10 for every 10 minutes that you are late picking up.** Full payment of our fees is required and agreed upon unless a scholarship has been offered to you, in writing. You may pay up front or we will bill you every 2 weeks. Your account will be considered past due if it is unpaid for a period of two weeks or more from the date billed. If your account is past due, **Wasatch Kids** may elect to refuse your child's participation in our Programs until full payment is made. If the account is unpaid for a period of 60 days or more, **Wasatch Kids** may refer the account to a collection agency. Said collection agency may charge additional fees that you will be required to pay. If collection is made by such an agency or otherwise, I agree to pay all collection costs including all attorney's fees and legal expenses. **Wasatch Kids** charges an APR of %20 for all amounts that are unpaid for a period of 30 days or more. You agree to pay these amounts in full. Any returned checks will be subject to a \$30 processing fee. Once an account is past-due, **Wasatch Kids** may require automatic payments to be set up in order for the child(ren) to attend again.

Suspension/Termination of Camp Participation

I understand and agree that my child will abide by the citizenship rules and standards of **Wasatch Kids Camps** which have been read and signed by myself and my child(ren). My child and I understand that there is to be NO tobacco, liquor, weapons or illegal drugs being brought, used or possessed during attendance of any **Wasatch Kids Camps** program. I understand that my child may be dismissed for disciplinary reasons and/or safety of the other children and staff. **Wasatch Kids** may refuse my child(ren) participation in the program for violation of the above-mentioned rules or any other reason.

Transportation Release

I grant **Wasatch Kids Camps** permission to transport my child in any **Wasatch Kids Camps** vehicle used for **Wasatch Kids Camps** programs/purposes. I understand that this transportation may occur in any vehicle included, but not limited to: buses, vans, cars, or private vehicles. I hereby release **Wasatch Kids Camps**, its employees and agents, from any liability resulting from such transportation. If **Wasatch Kids Camps** walks to any activity, I give my child permission to walk with the group to the activity and release them from any liability associated with said activity.

Media Release

I hereby permit and grant permission to use any individual or group photographs/videos showing my/our child in sponsored activities for publicity and brochure purposes. These photographs will be available to all families participating within the program at any time upon request.

Liability Release

I agree to release and discharge **Wasatch Kids Camps** and its officers, employees and agents from all causes of actions, suits, debts and damages (both actual and punitive), damages from any personal property, suits or damages resulting from illness or injury occurring while in the care of **Wasatch Kids Camps**, or claims or demands of any type or kind whatsoever that may arise on account of programs of activities sponsored or coordinated by **Wasatch Kids Camps**. This release shall not apply to claims arising from willful misconduct or caused by gross negligence.

Severance Clause

Should any term of this agreement be deemed unlawful, that provision shall be severed and the remaining terms shall continue to be valid and fully enforceable.

Signature Authorization

I/We have legal custody of this child and claim full financial responsibility for the above mentioned child and for the camps that are contracted for. I/We fully read, understand, and agree to the above terms of this agreement and agree to be fully financially responsible for fees incurred for my child(s) attendance.

Parent/Guardian Name _____ Signature _____ Date _____



Basic Life Skills and Bus Skills

By reading and understanding these important skills, we all have the opportunity to have a safe, fun experience. Please read and discuss this form with you child(ren) and send it back signed with your registration materials. A copy of this is available online on our website for your reference.

Basic Life Skills

- 1) Respect (yourself, others, counselors, and property)
- 2) Use appropriate words
- 3) Always ask to borrow
- 4) Treat each other kindly
- 5) Tell the truth (no matter how hard)
- 6) JUST BE NICE!

Zero Tolerance

- NO obscene language/gestures
- NO weapons of any kind
- NO alcohol/drugs
- NO sexual behavior

Basic Bus Rules

- 1) Stay seated at all times
- 2) Use appropriate voice level
- 3) Keep yourself and your belongings in the bus when the engine is on
- 4) Always listen to the bus driver
- 5) Leave the bus clean and in good shape
- 6) Relax and enjoy the ride

Prohibited Camp Items

- No cell phones
- No MP3/CD players
- No electronic games
- No matches/lighters
- No inappropriate clothing/literature

Discipline Steps

- 1) Verbal discussion and warning
- 2) Complete Action Sheet*
- 3) Miss Activity
- 4) Suspension**

*Complete Action Sheet- This step involves the camper completing an Action Sheet. An Action Sheet has 4 components, 1) What happened? 2) What Basic Life Skills or Bus Skills did I not follow? 3) What are some different ways I could have handled this situation? 4) Who do I need to apologize to? The Camper will fill out this sheet, (assistance will be given to those campers who need it) sign it and apologize to all those impacted. Then it will be reviewed and signed by the group supervisor and then placed with the camper's sign in/out page so that a parent/guardian can review and sign it also. After it is signed, our staff will store it in the camper's file and the issue has been dealt with.

Suspension- This is a very serious consequence that can occur if a camper continually decides not to follow the Basic Life Skills and/or Bus Skills. The parent/guardian will be asked to meet with a member of the **Wasatch Kids Camps Management Staff and the suspension terms will be discussed and decided upon. If the camper is suspended from camp, whether for a day, week, or the remainder of camp, no refund or dismissal of future payment will be given and all tuition is still owed for all weeks the camper is registered for.

Wasatch Kids Camps asks that you be involved with your child's behavior in our programs. It is important that your child understands what is expected of her/him and the consequences of undesirable behavior. Please take the time to discuss these things with your child and we will all have an incredibly successful camp experience. Thank you, and if you have any questions or concerns regarding our policies and/or procedures, please contact our office at (801)263-CAMP (2267).

Child Printed Name _____ **Child Signature** _____

Authorized Adult Printed Name _____

Authorized Adult Signature _____



WASATCH KIDS (CAMPS) OUT OF SCHOOL PROGRAMS CHECKLIST

Your child may attend our programs once **ALL** of the following are received.

- 1) _____ Completed & Signed Registration Information & Medical Authorization.
- 3) _____ Signed Release Form.
- 4) _____ Basic Life Skills & Bus Skills sheet signed by you **and** your child.
- 5) _____ **Registration Fee of \$45** (waived for Summer Camp Families/ deferred for Scholarship Applicants)
- 6) _____ Optional Need Based Scholarship Application

You may turn these in by Email: wasatchkids@gmail.com

Mail: 4771 Box Elder Street Murray, UT 84107

Fax: 801-263-3324

Schools: Parkside or Morningside Elementary

If you are participating in our after-school or Friday field trip programs you may send your child to our program for their first day with the forms, if you are participating in our Full-Day out of school programs we must receive the registration materials in advance with an indication of the days your child will be attending. You may contact Laura with any questions at 801-674-8137.

CALENDARS & FORMS CAN BE FOUND AT: **WWW.WASATCHKIDSCAMPS.COM**