



Summer Camp Registration Information – Page 1

Child's/Children's Information:

CHILD #1 – NAME: (LAST) _____ (FIRST) _____ AGE: _____

CHILD #2 – NAME: (LAST) _____ (FIRST) _____ AGE: _____

CHILD #3 – NAME: (LAST) _____ (FIRST) _____ AGE: _____

CHILD #4 – NAME: (LAST) _____ (FIRST) _____ AGE: _____

CHILD #5 – NAME: (LAST) _____ (FIRST) _____ AGE: _____

CHILD #6 – NAME: (LAST) _____ (FIRST) _____ AGE: _____

HOME ADDRESS: _____

CITY: _____ ZIP: _____

CAMP DATE: _____ TIME: _____ LOCATION: _____

FIRST PARENT/GUARDIAN: SECOND PARENT/GUARDIAN:

Name: _____ Name: _____

Address: _____ Address: _____

City State Zip City State Zip

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Email: _____ Email: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

City State Zip City State Zip

EMERGENCY CONTACT (*other than a parent*): _____

EMERGENCY CONTACT PHONE #'S: _____

RELATIONSHIP TO PARTICIPANT: _____

PHYSICIAN: _____ PHONE: _____

HOSPITAL PREFERENCE: _____



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Child's/Children's Information:

CHILD #1 – NAME: (LAST) _____ (FIRST) _____
CHILD #2 – NAME: (LAST) _____ (FIRST) _____
CHILD #3 – NAME: (LAST) _____ (FIRST) _____
CHILD #4 – NAME: (LAST) _____ (FIRST) _____
CHILD #5 – NAME: (LAST) _____ (FIRST) _____
CHILD #6 – NAME: (LAST) _____ (FIRST) _____

PARTICIPANT/PARENT/LEGAL GUARDIAN CONSENT AND RELEASE

I give my consent for my child/children (listed above) to participate in the Summer Day Camp Program activities sponsored by O'Brien Irish Dance Academy (OBIDA). I understand that in order to be qualified to enroll in the summer day camp program; my child/children must be able to function in a high-paced group setting without individualized supervision. I understand that the instructor-to-child ratio is approximately 10 children to each instructor and that individualized supervision for my child in this setting is not available. I certify that my child/children is/are in good general health and is/are able to (and has my permission to) participate in programs of Dance, games and other recreational activities. I agree to pack a lunch with extra water for my child/children each day and have them dressed appropriately for dance camp. I agree to be responsible for all fees associated with the program, and understand that should OBIDA bring suit to collect any amounts due, I will be responsible for court costs and attorney's fees related to such action. I understand that certain programs sponsored by OBIDA, including the camp programs, are for all residents. I understand that OBIDA employees, volunteers, agents and officers are not authorized to provide medical treatment or perform medical procedures. Should my child/children require regular or periodic medical treatment or procedures while my child/children is/are participating in camp or any other recreational activities, then I understand and agree that I will be solely responsible to ensure that such treatment or procedures are provided to my child/children. I understand that no health or accident insurance is provided by OBIDA for my child/children or any other participant and in case of emergency, my child/children may be taken to a physician or hospital at my expense. I authorize OBIDA personnel to transport my child/children for treatment in the event of an emergency. I understand that supervising instructors conduct all activities and that my child must obey all rules and regulations of the program so that discipline and safety standards as set by OBIDA can be maintained. I agree that if my child's behavior becomes disruptive or aggressive in any way as determined by OBIDA in its sole discretion, or acts in an aggressive manner or if my child's behavior becomes dangerous to him/her or others, I understand and agree that my child may be removed and/or suspended from participating in the day camp sponsored by OBIDA. Should my Child be suspended or expelled from participating in OBIDA sponsored activities due to behavioral issues, I agree that I will forfeit any rights to monies paid for my child's participation in day camp or any other recreational activity sponsored by OBIDA.



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PARTICIPANT/PARENT/LEGAL GUARDIAN CONSENT AND RELEASE - CONTINUED

Child's/Children's Information:

CHILD #1 – NAME: (LAST) _____ (FIRST) _____
CHILD #2 – NAME: (LAST) _____ (FIRST) _____
CHILD #3 – NAME: (LAST) _____ (FIRST) _____
CHILD #4 – NAME: (LAST) _____ (FIRST) _____
CHILD #5 – NAME: (LAST) _____ (FIRST) _____
CHILD #6 – NAME: (LAST) _____ (FIRST) _____

I agree to hold harmless, indemnify and release O' Brien Irish Dance Academy and their agents, officers, employees, and volunteers, from and against any and all liability, claims, losses, expenses, judgments, injury or damage I or my child/children may sustain in connection with my child/children('s) participation in day camp or other OBIDA programs. I understand and agree that neither OBIDA nor the facility in which the camp is located shall be responsible for any injury, claim or damage arising out of defective or dangerous premises when my child/children is/are not on property owned or controlled by O' Brien Irish Dance Academy and neither shall bear any responsibility for my child/children('s) safety prior to arrival at the campsite or after departure. I understand the terms contained in this Release and that it is binding upon me and my child/children.

Parent/Guardian: _____

Signature Date _____

Print Name _____

COMMUNICATIONS:

I understand and agree that any requests or directions regarding my child/children must come directly from me and may not be communicated through third parties. Only verbal or written instructions by the parent/guardian will be accepted.

Parent/Guardian: _____

Signature Date _____

Print Name _____

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Child's/Children's Information:

CHILD #1 – NAME: (LAST) _____ (FIRST) _____ AGE: _____

CHILD #2 – NAME: (LAST) _____ (FIRST) _____ AGE: _____

CHILD #3 – NAME: (LAST) _____ (FIRST) _____ AGE: _____

CHILD #4 – NAME: (LAST) _____ (FIRST) _____ AGE: _____

CHILD #5 – NAME: (LAST) _____ (FIRST) _____ AGE: _____

CHILD #6 – NAME: (LAST) _____ (FIRST) _____ AGE: _____

Behavior Management Agreement:

The following behaviors are *NOT* acceptable at camp:

- *Being physically aggressive (spitting, biting, pushing, fighting, etc) towards another camper or staff person.
- *Using foul language or speaking about inappropriate topics.
- *Leaving the group without permission or “hiding” from staff.
- *Constantly being disruptive through disregard for rules, regulations or directions.
- *Being obstinate and disrespectful towards camp personnel.

If a camper is disruptive or inappropriate and is not responding to verbal redirection the following steps will occur:

1. The participant will be removed from the group for a standard time-out procedure. ____ (Parent Initial)
2. The participant may be asked to fill out a “Think Sheet” to help them think through the situation and help find a solution to the problem. ____ (Parent Initial)
3. Once returned to the group, if their misbehavior continues or escalates, the parent/legal guardian will be notified immediately to discuss behavior management strategies with the staff. ____ (Parent Initial)
4. If the behavior cannot be resolved, it will be at the Program Administrator’s discretion as to if the child will be sent home for said behavior that day as well as any further suspension. ____ (Parent Initial)
5. If any of the above mentioned strategies are not effective, the last resort will be to remove the participant from the program. ____ (Parent Initial)

Procedures for handling Zero Tolerance Behavior

Please be aware that we will not tolerate children acting in an aggressive or threatening manner which may endanger themselves, other children and/or the staff. Children who display such uncontrollable and dangerous behavior will be sent home immediately regardless if they have had or have not had previous behavior issues at camp. OBIDA has the right to contact the authorities if a situation becomes beyond our control and we require assistance prior to your arrival. OBIDA reserves the right to expel a child from the program permanently due to such behavior.

I understand the above Behavior Management Agreement and will ensure that my child/children will abide by all set rules and regulations. I understand that if my child/children does/do not follow said rules and regulations that they may be suspended or removed from the program due to their behavior. I understand that any monies paid for my child/children('s) enrollment in the camp program will be forfeited and that no refunds will be issued to me.

Parent/Guardian:

Signature Date

Print Name



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Child's/Children's Information:

CHILD #1 – NAME: (LAST) _____ (FIRST) _____
 CHILD #2 – NAME: (LAST) _____ (FIRST) _____
 CHILD #3 – NAME: (LAST) _____ (FIRST) _____
 CHILD #4 – NAME: (LAST) _____ (FIRST) _____
 CHILD #5 – NAME: (LAST) _____ (FIRST) _____
 CHILD #6 – NAME: (LAST) _____ (FIRST) _____

Release for Pick-Up:

I give my consent for my child/children listed above to be picked up from Camp by the following adult individuals:

 Name Relationship to child

 Name Relationship to child

 Name Relationship to child

 Name Relationship to child

I understand that it is my responsibility to arrange to pick-up my child/children upon his/her return from Camp. I Understand that it is my responsibility to inform everyone approved by me on this release that he/she must present a valid driver's license or photo ID before the child/children will be released. Should I revoke permission for any of the individuals named herein, then I shall notify OBIDA in writing.

I understand that if my child is not picked up or when no one listed above is present to pick up my child/children, my child/children may be turned over to local child protection authorities.

BY SIGNING THIS, I ACKNOWLEDGE THAT I HAVE READ ALL THE ABOVE INFORMATION RELATED TO PICKING UP MY CHILD/CHILDREN WHEN HE/SHE RETURNS FROM CAMP, AND I HAVE INSTRUCTED MY CHILD/CHILDREN THAT HE/SHE IS TO LEAVE WITH NO ONE UNLESS LISTED ABOVE. MY CHILD/CHILDREN HAS/HAVE BEEN TOLD TO REPORT IMMEDIATELY TO THE O'Brien Irish Dance Academy PERSONNEL OR EMPLOYEES IF THE DESIGNATED PERSON(S) IS/ARE NOT PRESENT AT THE PICK UP TIME.

Parent/Guardian:

 Signature Date

 Print Name

 Primary Contact Phone Number



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Child's/Children's Information:

CHILD #1 – NAME: (LAST) _____ (FIRST) _____
CHILD #2 – NAME: (LAST) _____ (FIRST) _____
CHILD #3 – NAME: (LAST) _____ (FIRST) _____
CHILD #4 – NAME: (LAST) _____ (FIRST) _____
CHILD #5 – NAME: (LAST) _____ (FIRST) _____
CHILD #6 – NAME: (LAST) _____ (FIRST) _____

Release for Photographs and Media:

I give my consent and authorize O' Brien Irish Dance Academy to exercise the unrestricted right to take, use, reuse, and reproduce pictures of my child/children (listed above) or myself and use such photographs as follows:

1. in any publication (including; but not limited to, newspapers, television and/or radio broadcasts, books, brochures, magazines, displays, Internet broadcasts, and motion pictures) in such manner and at such times and in such places as the O' Brien Irish Dance Academy shall determine; and
2. to copyright and use, re-use, publish, and republish photographic portraits or pictures of me or my minor child, named herein, or in which I or my minor child may be included intact or in part, 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.

By signing this document, the above named and the undersigned relinquish any right that they may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied at the complete discretion of O' Brien Irish Dance Academy.

By signing this document, the undersigned releases, discharges and agrees to save harmless O' Brien Irish Dance Academy, participating facility and participating County, its employees, officers, volunteers, or assigns, and all persons functioning under their permission or authority, from any claims for libel or invasion of privacy from the use of any material as specified herein.

This authorization and release shall inure to the benefit of the legal representatives, licensees and assigns of O' Brien Irish Dance Academy as well as the person(s) for whom he/she took the photographs.

I have read the foregoing and fully understand the contents hereof. I represent that I am the [parent/ guardian] of the above named minor(s). For value received through participation in programs or events, I hereby consent to the foregoing on his/her/their behalf.

Parent/Guardian:

Signature Date

Print Name

Primary Contact Phone Number

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Child's Information:

CHILD #1 –: (LAST) _____ (FIRST) _____
CHILD #2 –: (LAST) _____ (FIRST) _____
CHILD #3 –: (LAST) _____ (FIRST) _____
CHILD #4 –: (LAST) _____ (FIRST) _____
CHILD #5 –: (LAST) _____ (FIRST) _____
CHILD #6 –: (LAST) _____ (FIRST) _____

Each Camper will receive one camp T-shirt. Please indicated size & quantity:

youth xs(2-4) _____,
youth s(6-8) _____,
youth m(10-12) _____,
youth L(14-16) _____,
Youth XL(18-20). _____,

Each Child should arrive each day with a packed lunch and extra water.

Each child should wear black shorts, skirt, with either OBIDA t shirt or fitted t-shirt of choice.

Each child should wear appropriate shoes for dancing.

Girls must have their hair tied back neatly.

No student is permitted to chew gum during class.

OBIDA Summer Camp Payment Policy:

Camp fees are \$175.00 per week, per child. The camp does not have the means to accept cards. The camp will accept cash, cashier check or personal checks. 50 % of payment is due at time of registration. The remaining 50% is due 14 days prior to camp date. The initial 50% is non-refundable if notice is given less than 14 days of camp date.

Payment MUST be made prior to leaving your child in our care.

I agree to be responsible for all fees associated with the program, and understand that should the Participating entity bring suit to collect any amounts due, I will be responsible for court costs and attorney's fees related to such action. I understand that if payments are not received for my child's/children('s) participation in the day camp program that penalties may result preventing myself or any member of my family from participating in future activities offered or sponsored by OBIDA.

Parent/Guardian:

Signature Date

Print Name

Primary Contact Phone Number