

**Office Use Only**

- Complete Application
- Registration Paid
- Tuition Paid



**Special Group Request:**

## Application and Registration

Child's Name (Print) \_\_\_\_\_

Male  Female Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade entering in Fall 2012 \_\_\_\_\_

**Camper Shirt Size (Please Check One):** **Child Small** \_\_\_\_\_ **Child Medium** \_\_\_\_\_  
**Child Large** \_\_\_\_\_ **Adult Medium** \_\_\_\_\_  
**Adult Small** \_\_\_\_\_

**Childs swimming level:** \_\_\_\_\_ **Beginner** (only shallow levels, not past shoulders)  
 \_\_\_\_\_ **Average** (Mid section of pool, over head) \_\_\_\_\_ **Advanced** (All areas)

Home Address Street: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_

Home # \_\_\_\_\_

Home #: \_\_\_\_\_

Cell # \_\_\_\_\_

Cell # \_\_\_\_\_

Daytime # \_\_\_\_\_

Daytime# \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Child's Schedule:** *Please check off the appropriate schedule for your child on a weekly basis*

- 5 Full Days
- 3 Full Days      Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_
- 2 Full Days

- Extended Care \$195.00 (per week)      6:30am-8:00am & 4:00pm-6:30pm
- Day Camp \$180.00 (per week)      8:00am-4:00pm

# Weekly Attendance and Fieldtrip Permission Form

Check off weeks of attendance and sign to give permission for your child to participate in the fieldtrips

Week #	Dates	Day Camp 8:00-4:00	Extended Care AM&PM 6:30-8 &4-6:30	Field Trip/ Price	Parent/ Guardian Signature
<b>1</b> <b>We Are Family</b>	<b>June 18-June 22</b>	<input type="checkbox"/>	<input type="checkbox"/>	Patuxent River 4-H Center 9:30-3:30 Thursday	
<b>2</b> <b>The Great Outdoors</b>	<b>June 25 – July 28</b>	<input type="checkbox"/>	<input type="checkbox"/>	Catoctin Creek Park 9:30-3:00 Cascade Lake 9:30am-3:30pm	
<b>3</b> <b>Incredible Edibles</b>	<b>July 2– July 6</b> Closed July 4th	<input type="checkbox"/>	<input type="checkbox"/>	South Mountain Creamery Tour 11:00am-3:30pm Swimming 9:30am-3:00pm	
<b>4</b> <b>All Star Sports</b>	<b>July 9– July 13</b>	<input type="checkbox"/>	<input type="checkbox"/>	Ravens Stadium & Camden Yards tour 9:15am-3:15pm Cascade Lake 9:30am-3:30pm	
<b>5</b> <b>Mission Impossible</b>	<b>July 16– July 20</b>	<input type="checkbox"/>	<input type="checkbox"/>	Geo Caching Expedition 1:00pm-3:00pm Swimming 9:30am-3:00pm	
<b>6</b> <b>Mad Science</b>	<b>July 23 – July 27</b>	<input type="checkbox"/>	<input type="checkbox"/>	Maryland Science Center 9:30am-3:30pm Cascade Lake 9:30am-3:30pm	
<b>7</b> <b>Wacky Water</b>	<b>July30- Aug. 3</b>	<input type="checkbox"/>	<input type="checkbox"/>	Splash Park 9:30am-3:00pm Swimming 9:30-am-3:00pm	
<b>8</b> <b>Rocket Power</b>	<b>Aug. 6– Aug. 10</b>	<input type="checkbox"/>	<input type="checkbox"/>	Goddard Space Center 9:30am-3:00pm Cascade Lake 9:30pm-3:30pm	
<b>9</b> <b>Art Rageous</b>	<b>Aug. 13 – Aug 17</b>	<input type="checkbox"/>	<input type="checkbox"/>	Now This! At the Park 1:00pm&2:00pm Swimming 9:30am-3:00pm	
<b>10</b> <b>Last Blast</b>	<b>Aug 20-Aug. 24</b>	<input type="checkbox"/>	<input type="checkbox"/>	To The Movies TBD Cascade Lake 9:30am-3:30pm	

Please check which weeks your child will be attending summer camp for the 2012 season. **Your account will be charged for each week checked unless one week prior written notice is given.** If the appropriate notice is not given you will be responsible for payment of the week originally contracted. You may add weeks at anytime as long as space is available.

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

\_\_\_\_\_  
Date



# Camper Emergency Information Form

**This form must be completed and returned to us with application.**

Child's Name: \_\_\_\_\_

Camp Attending (Weeks): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

**When the parent cannot be reached, please list alternate emergency contacts:**

① Name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Telephone (day time) \_\_\_\_\_

Cell \_\_\_\_\_

② Name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Telephone (day time) \_\_\_\_\_

Cell \_\_\_\_\_

③ Name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Telephone (day time) \_\_\_\_\_

Cell \_\_\_\_\_

**In emergencies requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your Signature authorizes our staff at the camp facility to have your child transported to the hospital.**

**Parent Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_



# Camper Health History

Child's name: \_\_\_\_\_

The following information is required for a camper to be admitted to day camp.

## Camper Immunization Information

All Campers must be current on all immunizations.

1. Provide date (month and year) of camper's last tetanus (or DTP) shot: \_\_\_\_\_

2. Is the camper currently enrolled in a Maryland school, public or private?

Yes, provide name of Maryland school: \_\_\_\_\_

No, provide a copy of immunizations confirming that the child has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization schedule. See [www.EDCP.org\(immunization\)](http://www.EDCP.org(immunization)) for information

3. Is the camper exempt from any immunization on medical or religious grounds?

Yes, provide a signed copy of Maryland Department of Health and Mental Hygiene Immunization Certification from either a licensed physician indicating that the immunization is medically contraindicated, or the parent of guardian indicating that they object to immunizations for religious reasons.

No

## Contact Information:

Parent or Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Camper's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Health Information:** Provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive:

---

---

---

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Adventure Park USA Summer APPLICATION POLICIES AND AGREEMENT

**Child's Name:** \_\_\_\_\_

**How to apply:** To reserve your child's spot the registration fee of \$\_\_\_\_\_ is needed for each camper, along with a COMPLETED AND SIGNED APPLICATION, CAMPER MEDICAL RECORD FORM, CAMPER EMERGENCY INFORMATION FORM, SITE PERMISSION SLIP FOR ATTRACTIONS, AND MEDICATION FORM. If you need additional application and forms please call 301-865-6800 EXT. 107

**Where to apply:** Please come into Adventure Park USA and fill out the application and pay deposit between 9-5 or fax the application with a credit card payment to: 301- 865-8919 CC: Melissa Brusini.

**Tuition Policies:** Cash, check, or Tuition Express may make your camp payment. The weekly tuition of \$\_\_\_\_\_ is due each Friday for the following week. Siblings receive a discount of %10.00 off the oldest child's tuition. **If payment is not received your child may be dropped from camp.**

**Refund Policies:** We are very flexible and allow registration changes. However, after June 1<sup>st</sup>, there will be a \$25.00 charge for each change made. Cancellations within 2 weeks or less of your child's camp start date will result in forfeiture of your deposit.

**T-shirt Policy:** ALL children are required to wear the 2012 "Camp Adventure" camp trip shirts on **ALL** trip days. If a camper without his/her t-shirt, another one will be issued at a charge of \$10.00. Additional t-shirts can be ordered for \$10.00.

## CONTRACTUAL AGREEMENT

I understand the tuition obligation and wish to enroll my child/children for the summer of 2012 at Adventure Park USA. I acknowledge that any enrollment changes after June 1<sup>st</sup> will be subject to a \$25.00 change fee. I also understand that no enrollment changes will be accepted 2 weeks prior to the start of summer camp week. Furthermore, withdrawal of my child 2 weeks prior to the start of the camp week will result in a forfeiture of my deposit. In addition, I shall be responsible for any attorney or collection fees required to collect unpaid tuition and/or any other outstanding camp charges, which may include t-shirt, change, or cancellation fee. By signing this agreement, I also give my permission for my child/children to be transported to away activities by bus or Adventure Park USA vehicles.

I understand that photographs may be taken for promotional usage. Weeks and dates are subject to change depending on the Frederick County school calendar. Adventure Park USA summer camp field trips are also schedule to change.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
**Please Print Name**

\_\_\_\_\_  
**Date:**

**Weekly Payment Options:** Tuition is due every Friday for the following week. Late fee of \$30 will be assessed if not received by Wednesday of the current week.

Please check which method of payment you will be using each week.

Manual Check \_\_\_\_\_

Tuition Express \_\_\_\_\_ (automated weekly payment credit or debit) Form located at end of packet.



## Please fill out the below permission slip

My child \_\_\_\_\_ has permission to participate in the following activities if my child meets safety requirements.

- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> Go-Karts        | <input type="checkbox"/> Laser Tag    | <input type="checkbox"/> Climbing Wall  |
| <input type="checkbox"/> Ropes Course    | <input type="checkbox"/> Bumper Boats | <input type="checkbox"/> Roller Coaster |
| <input type="checkbox"/> Amusement Rides | <input type="checkbox"/> Water Wars   | <input type="checkbox"/> Tilt-a-whirl   |
| <input type="checkbox"/> Battle Zone     |                                       |   |

### Parents Authorization

The health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached for emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child. I further authorize the camp director or his designee to provide over-the-counter medication to my child in case of necessity

(\_\_\_\_\_Initial)

I understand that all trips are off site and that my child will be transported by bus or other vehicle to each off site location. I agree that in case of an injury to my child that is due to natural causes or by accident, which involved no neglect by any camp staff that I will not hold Adventure Park USA or the staff liable. Adventure Park USA reserves the right to change a trip location without prior notice to parent or guardian.

(\_\_\_\_\_Initial)

As part of the overall Adventure Park USA Academy, participants may be photographed and videotaped. I hereby grant permission and approval that my child may be photographed or videotaped by Adventure Park USA staff and also that the participant's likeness, name, performance, artwork or written work may be used by Adventure Park USA in any Adventure Park USA publications, materials, advertisements, web-site and programs

(\_\_\_\_\_Initial)

I understand that my child's participation in some of Adventure Park USA Academy's activities is potentially hazardous. My child is voluntarily participating in the Academy. I am aware of the potential risks of the activities checked above and I hold harmless Adventure Park USA, its agents, employees, representatives, and all others from any and all responsibilities or liability for injuries or damages, except those caused by the negligent act or omission of any of the foregoing persons or entities, arising out of, resulting from or in connection with the participants use of the Adventure Park USA's facility.

(\_\_\_\_\_Initial)

**By signing below, I agree that I have received and read an Adventure Park USA handbook. I further agree to follow the policies, procedures, and practices placed before me within the Adventure Park USA Handbook.**

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

\_\_\_\_\_  
Date



# Hop aboard the Tuition Express and never write a check again!

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit [www.tuitionexpress.com](http://www.tuitionexpress.com).

## For Bank Account Authorization, complete and return to center management

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) hereby authorize \_\_\_\_\_, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express\* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

**Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.**

Your Name _____		Phone # _____	DEPOSITORY - Bank or Credit Union Name _____		
Address _____		Bank or Credit Union Address _____			
City _____	State _____	Zip _____	City _____	State _____	Zip _____
			Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

Routing Transit Number (see sample below)

Account Number (see sample below)

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

_____ Signature	_____ Date
--------------------	---------------

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

\*Tuition Express is an assumed business name of Blum Investment Group, Inc.



Routing Transit Number	Account Number	Check Number
------------------------	----------------	--------------

Please attach a copy of a voided check here. Deposit slips not accepted.



**For Credit Card Authorization, complete and return to center management.**

**CREDIT CARD PAYMENT AUTHORIZATION**

I (we) hereby authorize \_\_\_\_\_ (called "CENTER" in this Authorization) to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is between myself (us) and the below referenced "CENTER". I (we) authorize CENTER to utilize Tuition Express\* to capture, create, and transmit all credit card information. I (we) indemnify and hold harmless, Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between CENTER and the below signed cardholder. **I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give CENTER written notice of revocation. A minimum of 5 business days is required to affect revocation.**

**PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.**

_____	_____
Cardholder Name	Phone #
_____	_____
Cardholder Billing Address	Account Number
_____	_____
City                                  State                                  Zip	Expiration Date
_____	_____
Cardholder Signature	Date

\*Tuition Express is an assumed business name of Blum Investment Group, Inc.

For Official Use Only:

Date Received: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.