



Parent/Guardian Agreement and Notice of Policies TERMS AND CONDITIONS OF REGISTRATION

I confirm that I am a custodial parent or legal guardian of _____.
I agree to provide for All Sports for All People People of Camp Olympia (referred to as "ASAP-CO" hereafter) with the following documentation, properly completed and signed, prior to my child attending After School:

- (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 after school, 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 fees due ASAP-CO as if the child had not been dismissed.
_____(Initial here)

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. _____(Initial here)

I hereby understand where ASAP-CO program takes place. _____(Initial here)

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 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. _____(Initial here)

Once after school 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 ASAPCO 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 after school.

Children may not attend after school 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. _____(Initial here)

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 after school, I am responsible for any medical expenses incurred. _____(Initial here)

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).

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 child 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. _____(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 _____(Initial here)

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. _____(Initial here)

Payment Policy

I agree and understand that in order to secure my child's spot in the program the payment must be submitted in full on the day of placing the order. I understand and agree that if Camp Olympia approves a payment plan

for me I agree to submit all checks for the amounts and dates specified by Camp Olympia. I understand that no personal invoices will be sent out. _____(Initial here)

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. _____(Initial here)

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. _____(Initial here)

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 Student: _____

Parent's Signature: _____

Phone number: _____

Email: _____

Emergency Contact #: _____

Relationship to Student: _____