

Summer Camps 2020

North Florida School of Special Education

Camper Registration Form

Name _____ Date of Birth _____

Grade (as of 2019-2020 school year) _____ T-Shirt Size (specify Youth/Large) _____

School Currently Attending _____

Parent Name _____ Phone Number _____

Email _____

Emergency Contact Name _____ Phone Number _____

List all medication, allergies, dietary restrictions:

Does your camper have seizures? Yes No

If, yes, please describe the seizure protocol.

We want camp to be fun and successful! The more information we know, it will equip everyone to have a successful camp experience. Is there any other information pertinent for staff to know about your camper? (camper requires bathroom schedule/support, poor balance, wanders away from the group, etc.)



Fees and Payment: There is a \$100 non-refundable registration fee that will be applied towards the total cost of camp fees. For campers who attend NFSSE, full payment for each session is required one week prior to the start of the scheduled session. For campers who do not attend NFSSE, full payment of each session is required one week prior to the start of the scheduled session. Requests for cancellation and refund will be reviewed by administration and the business office with written notice sent to Rina Park at rpark@northfloridaschool.org 10 days prior to the start of the scheduled session.

Waiver: North Florida School of Special Education staff members make every effort to conduct safe programs, to orient and support children, and to inform families of inherent risks. Some activities may involve risks that children do not routinely encounter at home. Risk management is an essential element of all the activities offered. While we anticipate that these efforts will ensure the wellbeing of each child, we are also aware that it is neither possible to foresee every contingency nor to eliminate all risk.

I understand that program activities may include but are not limited to walking/running on uneven terrain, playing active games, participating in activities near water, and other activities such as cooking, and being near program animals. Other risks may be inherent in program activities.

I acknowledge that such risks exist, and I hereby agree on behalf of my child to assume such risks. Further, on behalf of my child, I hereby release and forever discharge, and agree not to sue, and agree to indemnify and hold harmless North Florida School of Special Education and its staff, directors, employees, and volunteers and each of them, from and against any and all liabilities and obligations of every kind and description, which I shall or may have against them or any one or more of them arising out of, or in connection with, my child's participation in the Summer Camps at North Florida School of Special Education, including, but not limited to, for any personal injury that my child may suffer while participating in the Summer Camps at North Florida School of Special Education, excepting in the case of gross negligence.

I understand and agree on behalf of my child that my child shares the responsibility for safety during Summer Camps at North Florida School of Special Education, and I personally assume on behalf of my child that responsibility. I understand and certify that my child's participation in the Summer Camps at North Florida School of Special Education is completely voluntary, and that I have become familiar with the program activities in which my child may participate.

Signature of Custodial Parent/Guardian: _____ Date: _____

Print Name: _____ Relationship to Camper: _____

More information:

Rina Park, Director of Programs & Services

rpark@northfloridaschool.org

904-724-8323 ext. 1110

