



CAMP SMART REGISTRATION

5045 Memorial Pkwy NW, Suite B
Huntsville, AL 3510
Phone: (256) 698-9749



www.nomoredirty.org
info@nomoredirty.org or ministerfred2@yahoo.com

Child's Information — Permanent Address

Child's Name _____ Nickname _____ Female _____ Male _____
Mailing Address _____
City _____ State _____ Zip _____ Phone _____
Birthdate _____ Child's Age _____ Grade Entering in the Fall 2015 _____

Parents/Guardians at Child's Permanent Address

Parent/Guardian 1 at Child's Permanent address: _____
Prefer correspondence _____ Relationship to Child _____
Employer _____ Occupation _____
Phone Numbers: Home _____ Work _____ Cell _____
Email _____

Parent/Guardian 2 at Child's permanent address: _____
Prefer correspondence by _____ Relationship to Child _____
Employer _____ Occupation _____
Phone Numbers: Home _____ Work _____ Cell _____
Email _____

Parent/Guardian at Different Address (if applicable)

Parent/Guardian at different address (if applicable): _____
Prefer correspondence by _____ Relationship to Child _____
Mailing Address _____ D May pick up Child
City _____ State _____ Zip _____ Email _____
Employer _____ Occupation _____
Phone Numbers: Home _____ Work _____ Cell _____

Person(s) to be contacted in an emergency if parent(s) /guardian(s) cannot be reached:

Name	Relationship to the Child	Address	Telephone

Child's Name _____

Child's Physician Information:

Name of Child's Doctor:	Address:	Telephone Number:

Name of Child's Dentist:	Address:	Telephone Number:

Emergency Authorization:

I give permission for the summer camp facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. *(If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)*

Signature

Date

Describe any special needs or instructions below:

I give permission for my child to participate in: (Circle Yes or No and sign each line)

Activities away from the facility:	Yes	No	Signature of parent/guardian	Date
Transportation provided by the facility:	Yes	No	Signature of parent/guardian	Date
Movie/Chess/Kung Fu activities provided by the facility:	Yes	No	Signature of parent/guardian	Date

D You may use images of my child as long as no identifying information is associated with the image.

D Please use NO images of my child in any way.

Parent/Guardian Signature _____

Date _____

Child's Name _____

Parent/Guardian Agreement

Deposits/Fees: A registration fee of \$25 is required per child. This deposit/fee is non-refundable. There is a weekly fee of \$50 per child. Weekly fees must be paid on every Monday of that week. There will be an additional \$15 charge for late fees daily. Cancellations of the camp must be received in writing, at least two (1) week prior to the cancellation, in order to avoid being charged the final balance amount.

Waiver/release: I hereby grant permission for my child listed on this registration form to participate in all camp activities with the understanding that good safety practices and adequate supervision are provided by The Spot (No More Dirty, Inc.). If there are any restrictions or limitations to your child participating in any activities, please inform the staff.

Non-Sufficient Funds: A \$35 fee will be charged for any checks returned due to insufficient funds.

Withdrawals/Cancellations: Notification of cancellation must be received by the Director of The Spot in writing no later than two weeks prior to the start of a camp session. The family is responsible for the entire tuition if Child withdraws less than two weeks prior to the start of a camp session, arrives late in the session, or leaves early. Exceptions may be made; these must be in writing and signed by both the adult responsible for payment and either the Office Manager or the Director of No More Dirty Camp.

Medical History: The State of Alabama requires that No More Dirty has a Medical History Form including either a record of immunizations or a letter specifying that the child is not immunized and the reason therefore signed by a parent/guardian for each participating child. Child will not be able to begin the camp without a complete medical history form completed and on file

Medical Authorization

_____(initial) I agree that Camp SMART and/or Mentoring Through Martial Arts Summer Camp Staff may authorize the physician of their choice to provide emergency treatment in the event that neither I nor our family physician can be contacted immediately. Camp SMART and/or Mentoring Through Martial Arts Summer Camp agree to provide transportation to an appropriate medical resource in the event of an emergency and will not administer any drug or medication without specific instructions from the physician. In the event of such accident or illness, all medical expenses incurred are my responsibility. I release Camp SMART and/or Mentoring Through Martial Arts Summer Camp, and all of its employees, officers, directors, servants, and agents from liability incurred as a result of any act they may perform on behalf of my child.

_____(initial) If your child has a temperature of 100 degrees or more, or any symptom of a contagious disease or infection, you must make other arrangements for care. In most cases, we ask that your child remain at home at least 24 hours after leaving the school because of an illness. Re-admittance is at the discretion of the Director.

Delivery of Child

_____(initial) I agree that when delivering my child to the facility, I or the person I have authorized to drop off my child, will personally deliver my child to his/her teacher or the staff person in charge and sign your child in.. I further agree that when picking up my child, I or the person I have designated, will personally come into the facility and receive my child from his/her teacher or the staff person in charge and will sign out my child. At no time will I leave my child at the school without first making his/her presence known to the staff, nor will I take my child from the facility without notifying my child's teacher. I further agree that I or the person I have authorized to deliver and/or pick up my child will sign my child in/out on a daily basis.

Change of Status

_____(initial) I agree to notify Camp SMART and/or Mentoring Through Martial Arts Summer Camp immediately of any changes that occur in the information provided in this enrollment application including work and home address, phone numbers, physician's name, living arrangements, health information, emergency contacts, etc.

Discipline Policy

_____(initial) I have received a copy of the Camp SMART and/or Mentoring Through Martial Arts Summer Camp disciplinary policy. The policy has been discussed with me and all my questions have been answered. I understand that I will be consulted for advice and/or suggestions of other possible disciplinary actions for my child, if necessary.

Child Abuse/Neglect

_____(initial) As a summer camp provider, Camp SMART and/or Mentoring Through Martial Arts Summer Camp is mandated by state law to report any cases where there is reasonable cause to believe that a child has been neglected, exploited, deprived, sexually assaulted, sexually exploited, physically injured or suffered death by other than an accidental means by a parent, guardian or caretaker, to the proper authorities. No More Dirty Summer Camp staff will cooperate fully with the authorities in the investigation of all such cases. To avoid any misunderstandings, parents are encouraged to keep the camp director aware of any unusual bruises, marks or injuries occurring at home.

Confidentiality Statement

_____(initial) Information pertaining to your child is considered confidential and will not be released by Camp SMART and/or Mentoring Through Martial Arts Summer Camp to third parties without first obtaining your written permission. However, it may be necessary to share relevant information relating to your child's family situation, medical status and behavioral characteristics with authorized members of the state licensing agency or with persons authorized by the state licensing regulations or law to receive such information.

Parent/Guardian Signature Required:

Child's Name _____

Person Responsible for Payment

Person Responsible for Payment:

Name (please PRINT) _____ Relationship to Child _____

SIGNATURE REQUIRED  _____ Date _____

Fill in the following information only if not already given on page 1:

Mailing _____

Address _____

City _____ State _____ Zip _____

Employer _____ Occupation _____

Phone Numbers: Home _____ Work _____ Cell _____

Email _____

Deposit and Payment Information

A \$25 deposit is required with the registration form. Deposits are non-refundable. Each Two (2) Week Camp cost \$250 per child. Weekly balances are due on the Friday prior to the start of each week your child attends camp. Cancellations or changes must be submitted in writing and received two weeks prior to the cancelled week, in order to avoid being charged the final balance amount. Changes are contingent on space being available.

Make cashier check or money order payable to: **The Spot**

\$ _____ Total deposit due with registration form

\$ _____ Amount of balance you'd like to pay now

\$ _____ Contribution: (please check one)

= \$ _____ Total remittance with this application form

Credit Card Information and Authorization

____ Visa
____ Mastercard

Name on Card _____
(please print)

Card Number _____

Expiration Date _____

CSV Code: _____ Billing Zip Code _____

Please choose (check) one of the two options below:

____ Authorized amount for initial billing: \$ _ or
____ Please charge my account for billed amounts as they become

due. Authorized Signature _____

Date _____