



The Hammock House Summer Camp Programs

451 52nd Street West, Marathon, Florida 33050

HammockHouseKids@gmail.com

305-743-6412

WELCOME AND

REGISTRATION INSTRUCTIONS:

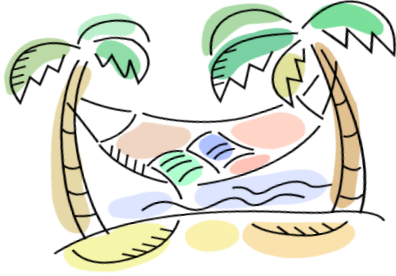
Dear Parents/Guardians

Thank you for your interest in The Hammock House Summer Camp Programs . We are thankful for each and every family represented!

And a big WELCOME to you and your child or children as you join us in these educational and fun programs!

INSTRUCTIONS for Registration Forms:

1. A separate form is needed for each child.
2. Please check ALL boxes which apply to your child.
3. Please enter all information and sign the forms as shown.



The Hammock House Programs at St. Columba Episcopal Church

451 52nd Street West, Marathon, Florida 33050

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305-743-6412

Today 's Date: _____

Please check each week that your child will be attending. ☐ July 5-7, 2017

☐ July 10-14, 2017 ☐ July 17-21, 2017 ☐ Music & Drama Camp July 24-28, 2017

Please indicate your child 's shirt size: ☐ small ☐ medium ☐ large ☐ x-large

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

SCHOOL: _____

ALLERGIES/MEDICAL CONDITIONS: _____

MEDICATIONS: _____

PARENT NAME: _____

PHONE NUMBERS: DAYTIME: _____ EVENING: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE NUMBER: _____

ACKNOWLEDGEMENT AND MEDICAL AUTHORIZATION

The Hammock House Summer Camp

451 52nd Street West, Marathon, FL 330050

I/we, the undersigned parent(s) or guardian(s) of _____, do hereby grant permission for my child to travel to and participate in the various functions of The Hammock House Summer Camp Programs occurring throughout the United States from July 5, 2017—July 28, 2017.

Included in this authorization is the understanding that my child may travel in a vehicle provided by the Hammock House for the specific function, provided that a responsible adult will drive this vehicle. Additionally, my child may participate in any media-related photographs or taping for airing or print of this program/event.

During the effective dates of this document, authority is granted to the Hammock House or its designee, to seek and authorize appropriate medical treatment, procedures and medication on behalf of the child as may be required by the circumstances, including, but not limited to medical doctors, medication and/or hospital visits. Prior to authorizing any medical treatment, procedures or medication, Jodi Gonzales or Allison Cranmer (or the adult in charge), or their designee, must make reasonable efforts to contact me at the phone numbers listed below.

By our signature(s) below, I/We hereby release and hold harmless The Hammock House Summer Camp Program, and the youth event leader(s) from all liability to my child while attending church-sponsored activities. I/we acknowledge the fact that the Hammock House does not carry a student accident policy on my child. Therefore I/we the parent(s) or guardian(s) must provide my/our own medical insurance and provide the necessary information on this form.

MEDICAL INFORMATION

To be completed by parent(s) or guardian(s). Please type or print clearly all information (both parents or guardian must sign).

Physician's Name _____ Phone _____

Insurance Co. _____ Policy/Membership # _____

My child has had a tetanus immunization in the last 10 years: YES ☐ NO ☐

My child is allergic to the following medications:

My child is presently on the following medications:

My child has the following special medical problems, which might require the following treatments:

Please list any behavior issues that we should be aware of so that we may better serve your child. _____

The adult in charge has permission to administer the following medications: (Check all that apply)

___ Ibuprofen ___ Tylenol ___ Benadryl ___ Claritin ___ Neosporin ___ Bactine ___ Pepto Bismol ___ Zantac

___ Sting Relief ___ Hydrocortizone Cream ___ Opcon A (eye drops) ___ Natural Tears (eye drops) ___ Immodium

Signature(s) of Parent(s) or guardian(s): _____

Date signed: _____

Please print your name(s): _____

The Hammock House Summer Camp Program

At the Hammock House, we take the happiness of your children very seriously. We want every day here to become a happy memory for them. Therefore, we work hard at creating an environment that will allow this to happen. Along with our efforts, we need the children to help us create that environment by following some simple, but effective rules. Below is our Behavior Agreement, please read over it with your child and be sure they understand what it is and why they are signing it. This will help us help them have a wonderful experience at the Hammock House Just for Fun Summer Camp! Thank you!

Behavior Agreement:

The participant acknowledges and accepts in writing that community life at The St. Columba Hammock House Youth Group Program is based upon mutual trust, respect for others and adherence to the spirit and to the specifics of a set of standards which are:

- The use or possession of alcohol, lighters, any form of tobacco, illegal drugs, fireworks, firearms or any other kind of weapon is prohibited;
- That inappropriate sexual behavior or any illegal behavior is not tolerated;
- No electronic devices – keep them home!
- I will listen to the staff and follow their directions.
- I will respect other people's belongings by not touching/using their stuff without permission.
- I will not hit or fight other people.
- I will not yell while inside the campsite building and will use my inside voice when speaking. I will use appropriate language. Which does not include swear words or negative remarks. (i.e. "Shut up," "Stupid," "Dumb," etc...)
- Before leaving the room, I will ask a staff member for permission.
- I will respect other's feelings by having a positive attitude when talking to them and not talking to others.
- Not abiding by these rules can result in suspension from the program

All incidents will be handled on a case by case basis, except hitting/fighting. Hitting/fighting will be an immediate 1-day suspension from the program. All other incidents will be handled as follows: -1st Incident: VERBAL WARNING -2nd Incident: WRITTEN WARNING/PARENT MEETING -3rd Incident: 1-DAY SUSPENSION

Attending a Hammock House Summer Camp Activity is a privilege, and participants are encouraged to enter fully and cooperatively into the community life. Adult leaders reserve the right to terminate participation of any camper and will send home, at the participant's expense, any person whose conduct is considered by the adult leaders to be detrimental to the youth community. The purpose of the Hammock House Summer Camp Program is to constantly encourage the camper to discover their gifts and full potential and to put those gifts into practice everyday by engaging in a positive and loving way towards others.

I give permission for my child to participate in the Hammock House Summer Camp Program.

Child Signature

Date _____

Parent/Guardian Signature

Date _____

PHOTO RELEASE FORM

☐ I hereby grant permission for my child to be video taped and/or photographed while participating in programs and activities of the Just for Fun Camp & Music & Drama Camp. It is my understanding that video taping and photographs will be used for educational, training and promotional purposes only. I may revoke this permission at anytime by sending a letter to the St. Columba Episcopal Church Office.

☐ I do not grant permission for my child to be video taped and/or photographed while participating in programs and activities of the Just for Fun Summer Camp & Music and Drama Camp

Parent/Guardian Signature / Date

Print Name