

**S.A.Y.A. Day Camp**  
July 11<sup>th</sup> thru August 5<sup>th</sup> 2016

**REGISTRATION FORM**

**PARTICIPANT INFORMATION**

Please type or print legibly.

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Gender:**  Female  Male **Age:** \_\_\_\_\_ **T-Shirt Size** \_\_\_\_\_ (adult or child)

**School:** \_\_\_\_\_

**Grade attended year 2015-2016:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_ **Postal/Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

(Include area code with telephone)

**Parent email:** \_\_\_\_\_

 **Please list ADA Accommodations needed:** \_\_\_\_\_

**Mother's name:** \_\_\_\_\_ **Father's name:** \_\_\_\_\_

**Mother's day phone:** \_\_\_\_\_ **Father's day phone:** \_\_\_\_\_

**Mother's cell:** \_\_\_\_\_ **Father's cell:** \_\_\_\_\_

**Person's Authorized to pick up child:** \_\_\_\_\_  
(person authorized to pick up your child must provide photo ID)

**Other Dismissal Arrangements** \_\_\_\_\_

**Emergency contact\*:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Specify any of your child's health problems:** \_\_\_\_\_

**Is your child on any medication?** No Yes **If so, please specify:** \_\_\_\_\_

**Lunch:** If you will be sending your child's lunch, please be sure that your child's lunch is clearly marked with your child's name and last name. Refrigerators will be available for your child to store his/her lunch. Glass bottles/containers are not allowed.

**Payments:** Tuition may be paid by cash or by check.

Make the check payable to

**Camp Fees:**

- Full day of camp \$50/week
- Latchkey Morning \$5/day - Drop in \$7/day (cash only due at drop off)
- Latchkey Afternoon \$7/day – Drop in \$9/day (cash only due at pick-up)

**Registration fee:** \$20 which credited to the first week of camp tuition leaving \$30 for the first week of camp only.

**Payment Schedule** – The payment schedule below does not include latchkey fees, latchkey fees should be paid in addition to the weekly fees bases on the times and days of attendance.

Week 1: Friday 7/8/2016 - \$30

Week 2: Friday 7/15/2016 - \$50

Week 3: Friday 7/22/2016 - \$50

Week 4: Friday 7/29/2016 - \$50

**Contact Information**

For more information, contact Kareen Dillard-Biggs, Camp Director at 248-382-8616.

Emails: kadbiggs@aol.com

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

I understand that the first weeks balance is due by July 8th. We do not provide make-ups or refunds for any days missed for any reason. Please do your best to come to SAYA Day Camp every day

**DROP OFF AND PICK UP TIMES**

Drop off time:

- 7AM for Morning Latchkey
- 9AM for full day campers

Pick up time:

- 3:30PM for full day campers (students not picked up by 3:10pm will be supervised by latchkey staff and parents are expected to pay the drop in rate for afternoon latchkey).
- 5:00 for Latchkey (A \$1 fee will be charged for every minute late after a 10 minute courtesy wait).

**REQUIRES PARENT'S SIGNATURE:**

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child \_\_\_\_\_ as they may deem advisable.

Parent/Legal guardian name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Allergies \_\_\_\_\_

Student Medical Problems \_\_\_\_\_

Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Policy number \_\_\_\_\_

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I hereby give permission to **S.A.Y.A. Day Camp**, to photograph and/or videotape the student for educational or promotional purposes. \_\_\_\_\_ (Initial)

I hereby do not give permission to **S.A.Y.A. Day Camp**, to photograph and/or videotape the student for educational or promotional purposes. \_\_\_\_\_ (Initial)

## **PARENT STATEMENT**

I hereby state that (camper's name) \_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided by **S.A.Y.A. Day Camp**, including but not limited to all aspects of exercise, physical fitness, baseball, basketball, soccer and or competition. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **S.A.Y.A. Day Camp, its employee and its staff** from liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring in the premises of **S.A.Y.A. Day Camp, and Corpus Christi Outreach Ministry and Michigan Technical Academy**, including any event sponsored or sanctioned by **S.A.Y.A. Day Camp**, and or travel to and from such activities.

I understand that **S.A.Y.A. Day Camp**, has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **S.A.Y.A. Day Camp**, or its scheduled program and that **S.A.Y.A. Day Camp**, has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

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