

APPLICATION DATE ____ / ____ / 2020
month day

ADMISSION FORM



2020

PHOTO
2x2

☐ CAMP ID# _____ MEMBER # _____
☐ FAST PICK UP *limited capacity

NAME _____

LAST NAMES _____

Date of Birth ____ / ____ / ____ years old M ____ F ____ Is he/she potty trained? Yes ☐ No ☐

¿Any brothers or sisters in this camp? Yes ____ No ____ Name _____ Age _____

Postal Address _____

Residential Address _____

School _____ Last grade completed _____

Other camps attended _____

Father's Name _____

Father's profession _____ Phone _____

Mother's name _____

Mother's profession _____ Phone _____

Email address (important announcements): _____

¿How did you find out about us? _____

OFFICE USE ONLY

- ☐ COUNSELOR FORM
- ☐ VACCINES
- ☐ PICTURES
- ☐ MEDICAL CERT.
- ☐ RULES & PROCED.
- ☐ COMMITMENT

ALLERGIES / CONDITIONS ☐ SI ☐ NO

IN CASE OF **EMERGENCY**
WE WILL CONTACT:

Name: _____ Related _____
Phone #1: _____ Phone #2: _____

Only check the weeks you are paying to attend:

- ☐ Week 1 (May 25th – 29th) ☐ Week 2 (June 1st – 5th) ☐ Week 3 (June 8th – 12th) ☐ Week 4 (June 15th – 19th) ☐ Week 5 (June 22nd – 26th) ☐ Week 6 (June 29th – July 3rd)

WE WILL SELL THE CAMP SHIRTS ONCE THE ADMISION PROCESS IS COMPLETE AND ALL NECESSARY DOCUMENTS AND PAYMENTS HAVE BEEN RECEIVED

Only check if you are registering for **EXTENDED HOURS 3:00PM – 6:00PM**

- ☐ Week 1 ☐ Week 2 ☐ Week 3 ☐ Week 4 ☐ Week 5 ☐ Week 6

If you do not pay for this service and pick up your child after 3:30pm you will have to pay **\$20 at the moment of pick up.**

LIST AUTHORIZED PEOPLE TO PICK UP YOUR CHILD (NAME ON THIS FORM):

Name	Relationship with the child

We do not guarantee to which group will your child be assigned and we will not make any changes once camp starts unless necessary.

I _____ (BLOCK LETTER) legal guardian of the minor describes on this form, authorize that he or she participates in the Fun Beach Summer Camp following rules of procedure and that the information provided on this form has been examined and certified as true.

☐ I HEREBY REQUEST THE "FAST PICK UP" SERVICE (LIMITED SPACES AVAILABLE)

Signature _____ Date _____

RECIBIDA POR:

STAFF FUN BEACH SUMMER CAMP

CAMP ID# _____

☐ FAST PICK UP

ADMISSION FORM

GROUP FORM

**2020**FOTO
2x2

NAME _____

LAST NAMES _____

Date of Birth ____ / ____ / ____ years old F ____ M ____

¿Any brothers or sisters in this camp? Yes ____ No ____ Name _____ Age _____

Father's name _____ Phone _____

Mother's Name _____ Phone _____

IN CASE OF **EMERGENCY**
WE WILL CONTACT:Name _____ Related _____
Phone#1 _____ Phone #2 _____

ALLERGIC TO: _____

SPECIAL CONDITION: _____

RESTRICTIONS: _____

Only check the weeks you are paying for:

☐ Week 1 (May 25th – 29th)
 ☐ Week 2 (June 1st – 5th)
 ☐ Week 3 (June 8th – 12th)
 ☐ Week 4 (June 15th – 19th)
 ☐ Week 5 (June 22nd – 26th)
 ☐ Week 6 (June 29th – July 3rd)
Only check if you are registering for **EXTENDED HOURS 3:00PM – 6:00PM**
☐ Week 1 ☐ Week 2 ☐ Week 3 ☐ Week 4 ☐ Week 5 ☐ Week 6
 If you do not pay for this service and pick up your child after 3:30pm you will have to pay **\$20 for each extra hour or fraction at the moment of pick up.**

LIST AUTHORIZED PEOPLE TO PICK UP YOUR CHILD (ASIDE FROM PARENTS):

Name	Relationship with the child

We do not guarantee to which group will your child be assigned and we will not make any changes once camp starts unless necessary.

I _____ (BLOCK LETTER) legal guardian of the minor describe don this form, authorize that he or she participates in the Fun Beach Summer Camp following rules of procedure and that the information provided on this form has been examined and certified as true.

Signature _____ Date _____

RULES & PROCEDURES

1. ARRIVAL

Arrival time is from 7:30am under camp staff supervision. At 8:30am is “first call” where the staff will take attendance. At 8:45am they will participate of a warm up session and at 9:00am all activities will start. All parents and guardians need to leave the premises before the camp activities start. Please do not wait for us to ask you to leave.

Note: We provide access to the parking lot from 7:30am to 9:00am and there will also be a person in front of the main entrance 8:00am to 9:00am to help campers to lowered and join the club, please help so that delivery is fast and does not hinder the traffic in the morning.

2. TARDINESS

If the camper arrives after 9:00am, the parent or responsible for this, should be submitted with the child in the lobby of the club and wait for the camp assistant to register the child, so that he can be located in his/her group. This allows us to have control of assistance and security of children.

3. DEPARTURE / PICK UP

Camp activities end at 3:00pm. If you arrive before this time, you must wait in reception (lobby) until 3:00pm, when you can enter the premises to pick up your child. Kids must be picked up by 3:30pm. **Important:** If, on a specific day, you need to pick up your child before 3:00pm, you will need to notify it the day before, in writing. **CAMPERS CANNOT BE PICKED UP BEFORE 3:00PM WITHOUT THE PREVIOUS AUTHORIZATION.**

4. LATE PICK UP

Circulo Cubano de PR and its Board of Directors, Fun Beach Summer Camp and its staff is NOT responsible for campers after 3:30pm if they are not properly registered in the After Camp Program.

5. CELL PHONES

The use of cell phones IS NOT permitted under any circumstance. If the camper needs to contact any family member they can go to the Camp Directors office and ask to use the phone.

6. GAMES, TOYS, ETC.

Toys and electronic video games are not allowed in the camp. If the child is found using them, the leaders will confiscate and returned to their parents at the time of the collected. The management of the camp (Circulo Cubano de Puerto Rico), its directors and staff (leaders and Assistants etc) are not responsible of toys brought to the camp.

7. ACTIVITIES PARTICIPATION

All camp activities are voluntary BUT camp staff is instructed to motivate the child to participate in the different activities and/or sports, but not force him/her. However, they will be required to remain in the area where it is carrying out the activity of your group.

_____ INITIALS

8. EXCURSIONS

We will announce the activities a week before the stipulated date. At the same time we will send a letter "Authorization for Tour" for the parent or guardian must sign the authorization of the participation of the child in the tour. In some cases they will require an entry fee to the attraction and transportation. When you organize a tour, all the staff that works in the camp will attend the activity. The child who does not participate in the tour must not come to the camp as there will be no supervision and all the staff will be participating in the event.

a) for their safety, it is mandatory to the official t-shirt of the camp that does not bring you will not be able to participate in the tour.

b) Timeliness. The camper should arrive 30 minutes before the departure time indicated in order to be able to give the instructions due. We do not expect.

c) After inscribed on the tour there will be no money refund.

d) The authorization shall be delivered on or before the deadline that will be the time required to account for the shares and make appropriate arrangements for the activity. If for any reason you did not have knowledge of the activity although understandable, will not be reason for us to welcome your child since he/she was not registered in time. We recommend that if your child has been absent for a few days, you contact and or ask his/her camp leader for any special announcements made during his absence.

9. MEDICAL SERVICE AUTHORIZATION

Camper will receive first aid services as needed and staff will contact the contact as it appears on the registration form.

10. DISCIPLINE

Fun Beach Summer Camp is governed by the disciplinary rules. If any of these rules are broken by the camp participant he/she must adhere to the following steps (depending on the severity of the lack):

a) letter of reprimand to the parents and/or guardians (warning card).

b) temporary suspension of camper

c) definitive suspension of camper. There will be no money refund

11. DRESS CODE

All camp participants should attend EVERY DAY camp with his/her official t-shirt, sports trousers (long or short) and tennis shoes. Flip Flops WILL NOT BE ACCEPTED NOR CROCS, or denim pants.

The child should bring in his backpack: your bathing suit, towel, sunblock, snack (optional) and a change of clothes, for any emergency. All its articles, the backpack and which brings post, must be identified with the name and surname of the child with a permanent marker.

12. LOST ITEMS

Círculo Cubano de Puerto Rico, Fun Beach Summer Camp, Board of Directors and Staff ARE NOT RESPONSIBLE FOR ANY LOST ITEMS left on the premises by the camp participants.

13. PARTIAL PARTICIPATION

We will not be able to guarantee an extension in the event that your child(a) decides to stay more time at the end of the weeks purchased. If we have the available space, your child will continue to be welcome. We will not apply discount and shall be considered as independent weeks.

IT IS MANDATORY FOR THE PARENT OR TUTOR TO SIGN AND AS AGREEMENT ALL OF THE RULES & PROCEDURE DOCUMENTS.

AUTHORIZED SIGNATURE AND RELATION TO THE PARTICIPANT

DATE

PARENT / GUARDIAN COMMITMENT AGREEMENT

I hereby request that enroll the child(a) whose personal information appears on these forms.

Reimbursement:

I accept that the duration and cost of the camp is the one that has been previously announced AND THAT THE AMOUNT PAID BY THE ENROLMENT WILL NOT BE RETURNED, for any reason, including, but not limited to sickness or accident, or if the participant by his own will or the person responsible for this registration, or any person outside the direction of this camp leave to attend to it before its termination.

I have been explained and I accepted that an inappropriate or ungovernable conduct from the participant will facilitate the cancellation of his/her participation, without reimbursement of tuition.

MEDICAL SERVICE

I hereby authorize the Camp Director or his authorized representative so that in the event of an accident while under the tutelage of the camp submit: _____ to the emergency services that were relevant and if he deems necessary, to be transported to the nearest medical center. The Camp Director or his authorized representative, are obliged to communicate as soon as possible what happened and the action taken.

I authorize the nurse at the camp to administer prescription drugs, which the father, mother or guardian provided. I also authorize the nurse to provide drugs without prescription (Tylenol, Peptobismol, Benadryl, etc.) to my child. (If you do not want your child to receive this type of drugs (over the counter) you must inform it in writing to the director). I agree that as a health measure, the hair of all children will be inspected to prevent an epidemic of pedicels (lice).

SPECIAL ACTIVITIES

I authorize my child to participate in all those activities and excursions that the camp offers within and outside their premises. I understand that the Camp Management shall take all the measures of protection and security to provide the welfare of my child. The camp is for our part exonerated of any accident that may be incurred by my child or protected and shall not be subject to claim by our part of damages.

ADVERTISING AND PROMOTION

I authorize the Camp Administration to use any photos and videos of my child taken in the different camp activities with the purpose of Fun Beach Summer Camp's promotion on its internet and Facebook page as well as the in-house files. I certify that my child is not suffering from any condition and physical disability and/or mental impairment that prevents you from developing or enjoy the activities programmed by the camp.

SIGNATURE OF PARENT OR GUARDIAN

DATE

Camp ID #		MEDICAL CERTIFICATE "FUN BEACH SUMMER CAMP"		ADMISSION FORM			
Participant's Name		Phone		Counselor		Group	
				Club member #		Sex	Birth Date
Address				After Camp		Yes	No
Date he/she started camp				Indicate any accidents or operations			
Please indicate what special activities should be restricted?							
				Does the child have any chronic or recurrent disease? Explain:			
Health conditions of the participants:(check with sign of collating all that apply) Indicate the date on which you received the immunization.							
Suffering	Yes	No	Suffering	Si	No	Immunizations	Date
Rheumatic fever			Hay fever				
Sinusitis			Ear infection				
Frequent dizziness			Allergies				
Frequent seizures			-insect bites				
Frequent colds			-Penicilin				
Asthma			-Other drugs and/or				
Cramping			-Food				
Constipation							
WE WILL NOT ACCEPT APPLICATIONS WITHOUT EVALUATION AND CERTIFICATION OF A LICENSED PHYSICIAN							
I certify to have examined the participant mentioned above who I find in adequate physical conditions to participate in the Fun Beach Summer Camp.							
Full Name				Doctor's Signature			
License Number			Phone Number			Date	
Note: In the event of omission of information with regard to the state of health of the participant, the parent will be responsible for any situation that may arise during the development of the sport program.							