



Kid Jam Summer Enrichment Camp 2010

Camper Application

Camp Dates: June 14^h-August 13th 2010

Please complete the application in its entirety.

All Fees Are Nonrefundable

Camper Information

Camper's Name (First, Middle, Last): _____

Age: _____ Birth Date: _____ Grade (Fall 2010): _____

School Student Will Attend Fall 2010: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ Email _____

Father's Name _____

Father Mobile Number _____ Father Work _____

Mother Name _____

Mother Mobile Number _____ Mother Work _____

Are you a Member () Yes () No If yes please print your member number _____

Alternate Emergency Contact (other than parent) **REQUIRED:**

Name _____

Relationship _____ Home Phone: _____

Cell _____ Work _____

Please select a t-shirt size for your child:

Adult T-Shirt Size: () Small () Medium () Large () X Large () XX Large () XXXL

Child Size: () Small () Medium () Large () Large

Payment Policy Information

Kid Jam Summer Enrichment Fee

Application Fee: \$50.00 per application/ per child

Weekly Fee: \$ 85.00 per week/per child

Total Camp Cost: \$ 765.00 per child for 9 weeks of camp. **This excludes application fee and field trips.** The fee includes lunch, weekly activities, and academic enhancement material. All fees must be paid at minimum of 2 weeks in advance. No exceptions!

If the fee is not paid there may be a chance your child slot will be taken. The advance payment assures your child's slot. If you will be taking vacation, your child is sick or other emergency situations arise, these circumstances will be reviewed by Kid Jam Summer Enrichment Administration Staff.

Payment options - You may pay by cash, check, money order, or credit/debit card and **all fees are non – refundable. Please make all checks payable to Union Baptist Church**

A \$50.00 application fee must be enclosed with the application to secure your child(s) space.

Parent Information and Agreement

The Program Director reserves the right to decline the application of any child, or send home any child who, according to the Director's discretion, is not a desirable associate for the other campers, or put him/herself or others at risk.

Photographs will occasionally be taken of the children during the Program. I, the undersigned, consent to the use of pictures of my child for displays, brochures and promotional materials with no compensation to my child or me.

I, the undersigned, give my permission for my child to leave the campus of Union Baptist church with authorized Union Baptist Summer Camp Staff for scheduled trips and outings.

Acknowledgement of Risk of Injury/Release and Waiver. I acknowledge and understand that there may be a risk of injury involved in the activities, which my child will engage in during the program. In consideration of Union Baptist Church allowing my child to participate in the program and various field trips which may be taken from time to time, I hereby agree to release, waive, discharge, covenant not use, hold harmless and indemnify, on behalf of respective officials, agents, employees, directors, members, officers and other staff members firm ability to us and our child, as well as our personal representatives, assigns, heirs and next of kin, for any and all claims, suits or causes of action from or out of any injury, known or unknown, to property or body, that my child may suffer from participation in Union Baptist Summer Camp activities, field trips or the above described Program; and do hereby expressly assume the risk of injury associated with participation in said Program.

Certification of Ability to Participate and Medical Authorization. I, the undersigned, hereby certify that to the best of my knowledge my child is able to safely participate in the Program activities for which he or she as been registered

I, the undersigned, understand that in case of illness or injury of my child Union Baptist Church Camp staff will try to notify me or the emergency contact listed on the Program application form. In the event of a medical emergency concerning my child at a time when either I or the emergency contact person cannot be notified, I hereby authorize Union Baptist Church staff or my child's caregiver, as applicable, to obtain necessary medical care and/or treatment, including but not limited to first aid, X-Ray, examinations, and aesthetic, medical or surgical diagnosis or treatment or hospital care and I hereby accept the sole financial responsibility for such medical care, first aid or treatment.

Accident Insurance- Participants are responsible for their own accident insurance when participating in Union Baptist Church Camp KidJam.

I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge its meaning and significance.

Parent Signature: _____ **Date:** _____

Print Parent/Guardian Name: _____

Office Use Only

Payment Type: ____ Cash ____ Money Order ____ Credit Card ____ Check

Name on Credit Card or Check _____

Credit Card or Check Number _____

Application Fee Included received : _____ (include date)

