

2018 SMG “Take Action” Youth Camp — Enrollment Application
1452 E. Brown School Road
Maryville, TN. 37804
865-984-2221

Previous Summer Camper Y N Parent/Guardian Signature _____

Date of Registration: ____ / ____ / 20____ Today's Date: ____ \ ____ \ 20____

Child's Full Name: _____ Birth date: ____ / ____ / ____ M/F

What my child likes to be called: _____

School: _____ Grade: _____

Parent's information:

Mother's Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____ Driver's License Number: _____

Employer name and address: _____

Work Phone: _____ Work Hours: _____

Father's Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____ Driver's License Number: _____

Employer name and address: _____

Work Phone: _____ Work Hours: _____

If emergency who do we contact first: _____

Whose custody is this child in: _____

How did you hear about us: _____

Transportation Plans:

To ensure the safety of your child please list the adults that your child may be released to and have the authority to transport your child. Children shall not be released to anyone whose behavior may, as deemed by a reasonable person, place the child in imminent risk; provided, however, that if the staff of Perpetual Motion reasonably believes that refusal to release the child could place staff or other children in imminent risk Perpetual Motion may release the child, but must immediately call 911 or other local emergency services number.

We will not release a child to anyone we feel is under the influence of drugs or alcohol.

Please remind those who may pick up your child that they will have to show a photo ID.

Name: _____ *Relationship:* _____

Home Phone: _____ Cell Phone: _____

Employer name and address: _____

Work Phone: _____ Work Hours: _____

Name: _____ *Relationship:* _____

Home Phone: _____ Cell Phone: _____

Employer name and address: _____

Work Phone: _____ Work Hours: _____

Name: _____ *Relationship:* _____

Home Phone: _____ Cell Phone: _____

Employer name and address: _____

Work Phone: _____ Work Hours: _____

Name: _____ *Relationship:* _____

Home Phone: _____ Cell Phone: _____

Employer name and address: _____

Work Phone: _____ Work Hours: _____

Emergency Information:

In case of emergency, we need a contact name. We will always call the parents or person who has custody of the child first. If we cannot contact that person, we need someone who is authorized to act for you in case of an emergency.

The following information needs to be someone other than parents.

Name: _____ *Relationship:* _____

Address: _____

Home Phone: _____ *Cell Phone:* _____

Employment: _____

Work Phone: _____ *Work Hours:* _____

If the center is unable to contact the parents, or emergency contact person we give the center and the staff of Perpetual Motion permission to treat my child.

Parents Name: _____

Signature of Parents: _____

Physician and Hospital information:

Physician Name: _____

Address: _____

City: _____ *Zip code:* _____

Office Number: _____

In case of emergency:

Hospital: _____

Address: _____

City: _____ *Zip code:* _____

Phone Number: _____

Summer Camp 2018 reserved weeks

Summer Camp weeks must be predetermined. Weeks may be added if space is available.

I am registering my child for the following weeks: Tuition payment is required regardless of attendance. Reservations may be changed to another week if space is available "and" if the reservation change request is within **21 days** of the beginning of each reserved week. **We must pre plan and prepare for proper staffing, food and activity materials.** We hope everyone understands the importance of this requirement.

Please check the week #s and circle the days your child will be at camp. Minimum 3 days/week

1. **May 21-25**
M T W T F

2. **May 28 - 1**
M T W T F

3. **Jun 4 - 8**
M T W T F

4. **Jun 11 - 15**
M T W T F

5. **Jun 18 - 22**
M T W T F

6. **Jun 25-29**
M T W T F

7. **Jul 2-6**
M T H T F

8. **Jul 9-13**
M T W T F

9. **Jul 16-20**
M T W T F

10. **Jul 23-27**
M T W T F

11. **Jul 30-3**
M T W T F

Note to Parents:

The total weekly tuition for all reserved weeks or days is due regardless of attendance. You may change change your reservation at any time if requested 3 weeks before the reserved camper week begins.

Tuition obligation is required regardless of attendance.

Child's Name: _____

Intended 1st Day of camp ____/____/____

Parent signature: _____

I have carefully selected the weeks and days.

Licensing Exemption

As of April 11, 2016 Perpetual Motion Youth Camp is not longer required to be licensed by the state of Tennessee. *I understand that the "Summer Youth Camp" is not licensed and is not required to be licensed by the state as a child care agency. This is not child care. We are a summer weekly camp.

Signature: _____ Date: _____

2018 Summer Youth Camp - Release of Liability Waiver

FOR ANY STUDENT AND PARENT PARTICIPATING IN ALL CAMP ACTIVITIES INCLUDING GYMNASTICS, SWIMMING ACTIVITIES AND GENERAL SPORT ACTIVITIES:

Camp activities including swimming, gymnastics or any activity that involves motion, rotation, and height in a unique environment, carries with it a reasonable assumption of risk. Perpetual Motion Youth Camp is bound by law to inform all participants and their parents or guardians of the risk involved in these activities. Anyone participating in the Perpetual Motion Youth Camp activities including swimming and gymnastics (along with those legally responsible for the participant) must sign the notice on the application and must adhere to the safety rules governing the swimming pools and gymnasium. These rules are posted around the pool and gym areas.

In consideration for Perpetual Motion Camp's acceptance of the applicant, and in consideration of the applicant's opportunity to improve swimming gymnastics and sport skills through the use of the staff, equipment and facilities, those legally responsible for the named enrolling student realize the risk of injury involved and hereby agree to assume the responsibility of such for said student and further agree to save and hold harmless the said school, its employees, and all others concerned, and to indemnify them against loss, intending to be legally bound, our signature is offered below.

Parent Signature: _____ **Date:** _____

(Required by applicant— Please write—Pictures are not to be published if you desire not to sign)

Child's Health History Check List

Child's Name: _____ Date of Birth: _____

Parent(s)/Guardian's Names: _____

Medical History:

Please check all that apply

Measles	Mumps	Chicken Pox	Whooping Cough
Asthma	Tonsillitis	Ear Infections	Free Bleeder
Meningitis	Seizures	Reaction to TB Skin Test	

Allergies (Food, environmental, medication): _____

Does your child have any evidence of:

Hearing problems _____ Vision Difficulties _____ Speech Difficulties _____

Kidney Problems _____ Comments _____

List any:

Hospitalization _____

Serious Illnesses _____

Bone Fractures _____

Medications Taken on a Regular Basis _____

Does your child get along with other children: Yes No

Is he/she usually happy? Yes No

Does your child have any fears, phobias, physical restrictions
or problems not listed above? Yes No

If yes, please elaborate: _____

When did your child last see a doctor? ____/____/20__

Permission to Treat

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should an accident or sickness occur in my absence.

Child's Doctor: _____

Doctor's Phone: _____

Parent /Guardian Signed: _____

Date: _____

MEDIA PERMISSION

Child(ren) _____

I give permission for the pictures/video of my child(ren) to be used or posted with the following:

Please Check All That Apply

_____ Web-Site – perpetualmotion4kids.com

_____ Facebook – perpetualmotion4kids@facebook.com

_____ Newspaper

_____ Television

_____ Classroom/Center

_____ First Names(s) may be used

I will receive no compensation or revenues of any kind. Perpetual Motion retains sole ownership of these digital photographs and videos and all rights associated with this material. All the above may be used in advertising or publicity and for other lawful purposes.

Specific use of notice: Photos and videos used for advertising within mass media such as newspaper and television, Perpetual Motion website and advertising flyers.

Parent /Guardian Printed Name _____

Parent/ Guardian Signature _____

Date ____ / ____ / _____

Parent Acknowledgement Form

Payment Policy

1. ALL PAYMENTS ARE TO BE PAID IN FULL ON OR BEFORE FRIDAY. **NO EXCEPTIONS.** Tuition pays for the slot in the camp whether the child is in attendance or not. There is no credit or reduction given due to vacations, illness, or holidays. Camp payments are always paid one week in advance of service.
 2. Parents who do not make timely payments on Friday by 6:00pm, or the last day of the week your child attends will be charged a late tuition fee of \$10.00. All late charges are to be paid in full the week they are charged. Late fees are automatically added to your account Monday mornings.
 3. If you do not make your payment by Monday 8:30 a.m your child may **not** attend camp.
 4. Tuition is due whether or not statements are printed and/or distributed.
 5. Parents who wish to enroll in our "auto pay" system will receive a \$4 discount on their weekly tuition rates for full time campers and a \$2 weekly discount for part time campers.
 6. Should your child be dropped from the camp for non-payment of fees, an additional finance charge of 2 percent per month will apply until the balance is paid in full. In order to re-enroll your child parents/guardians will have to pay all tuitions fees in full including late & finance charges.
 7. Perpetual Motion Summer Camp closes at 6:00 pm. (new time) A late fee of \$10 and \$1.00 per minute will be charged per family for late pick-up. Late fees will be added to the weekly statements. This is a rule regardless of reason.
 8. If your check is returned you will have a \$25.00 return check / late fee will apply.
- **My child has permission to engage in all camp activities and swimming unless noted in the Health History Form.**
 - **The Perpetual Motion Camp Director reserves the right to send home, or terminate the camper's enrollment, if the camper does not comply with the rules and safety procedures, or if the camper's behavior proves detrimental to the health and safety of our campers, staff or program. No credits or refunds will be issued if your child is sent home or terminated.**

I have read, understand and acknowledge all policies and procedures presented to me in the summer camp parent welcome letter.

Parent's Signature: _____ Office: _____
(Required before attending camp)

A NON-REFUNDABLE **first weeks' tuition** must accompany this application. Also a \$20 non-refundable deposit must accompany each additional week enrolled. The undersigned understands that the fee will reserve a place at camp for the child named on this application. All weeks may be changed with a three week in advance written notice. Reservation and Payment obligations cannot be adjusted within 21 days of the start of any reserved week. We must prepare for proper staffing and food. We hope everyone understands the importance of this requirement. I acknowledge that the "total" weekly camp tuition is due for all reserved weeks regardless of attendance. I may be able to switch weeks if requested by the 21 day in advance rule and if space is available within the new requested week.

This tuition may not be applied to any other programs. This payment will be applied to the first registered camp week.

Make check payable to Perpetual Motion, or use Visa , Discover or Master Card. (Please circle card)

Card# _____ Exp. Date: _____

Billing Address for the card: Street _____ City _____ Zip _____

Signature: _____ Please pay all weeks by credit card. Yes ___ NO ___
(Required by applicant)