

The Odyssey School Summer Camp

FAMILY INFORMATION (One Per Family)

	Child 1	Child 2	Child 3	Child 4
First Name/Last Name:				
Age/DOB:				
Any Allergies or medical alerts?				
May your child sign out to walk home?				
Other Special Requirements?				

Guardian 1 Name:	
Address:	
Primary Phone:	
Alternative Phone:	
Email address:	

Guardian 2 Name:	
Address:	
Primary Phone:	
Alternative Phone:	
Email address:	

PICK-UP AUTHORIZATION

In the event that a parent/legal guardian cannot pick up their child, you must contact the school office to let them know in writing who will pick up your child(ren). The authorized individual must check in with the on-site coordinator and instructor with proper identification.

Provide a phrase or word the authorized individual would give to the instructor in order to pick up your child. This list will be kept on file but is not a substitute for proper notification and identification during pick-up.

Password or Passphrase _____

Medical Information

Doctor _____ Phone _____

Hospital of Choice _____

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GENERAL PERMISSION TO PARTICIPATE (One per Family)

The Odyssey School and My Enrichment have taken reasonable steps to provide your child a safe, educational and enjoyable experience. We wish to remind you, however, that no activity is without risk. We do not want to frighten you or reduce your enthusiasm for these activities, but it is important for you to be informed of the possible risks. The following activities listed describe some, but not all, of those hazards and risks:

- **Athletics**—include contact and non-contact sports and fitness activities. Hazards can include potential for serious personal injury caused by an event or condition of the facility and health risks such as light-headedness, fainting, abnormal blood pressure, chest discomfort, muscle cramps or soreness and nausea.
- **Outdoor Experience**—Hazards can include the exposure to the elements, allergies, and insect bites.

Participant _____ Participant _____

Participant _____ Participant _____

ACKNOWLEDGEMENT OF RISK

I agree to allow my child(ren) to participate in the activities outlined above. I am aware of the hazards and risks possible in these kinds of activities and agree to hold The Odyssey School, My Enrichment, and vendors harmless from any liability resulting from injury sustained to my child while participating in these activities. In the case of illness or accident, I grant permission for emergency treatment to be administered. I will assume full responsibility for any such actions, including payment of costs. I certify that, to the best of my knowledge, my child is in good health.

Parent/Guardian Signature _____ Date _____

FAMILY INFORMATION

My Enrichment provides vendor(s) and onsite coordinator with family information including address, phone numbers, email addresses, pick-up authorization and medical information in order to help vendors inform you of your child(ren)'s learning and participation and ensure your child(ren) is safe. It is also used to notify you of any changes in scheduling. I hereby give permission for my family information to be provided to appropriate vendors.

Parent/Guardian Signature _____ Date _____

SAFE/APPROPRIATE BEHAVIOR

I give permission for my children to participate in selected enrichment camps. I agree to promptly pick-up my child at designated times. I understand that safe/appropriate behavior is required to participate in the programs. I agree that if my child(ren) does not uphold these standards, he/she will be removed from class and no refund will be given.

Parent/Guardian Signature _____ Date _____

PHOTO RELEASE

During enrichment programs, your child(ren) will be participating in many educational experiences. My Enrichment, The Odyssey School, and vendors may take pictures and/or videos of these activities for their publications. I hereby give full consent to My Enrichment, The Odyssey School, and vendor(s) to copyright or publish any photographs or videos taken by them in which my child(ren) may appear. I also agree that they may use these photographs or videos for any public display and/or publications.

Parent/Guardian Signature _____ Date _____

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REFUNDS/CANCELLATION POLICY

In order to ensure your child(ren) has a spot in any camp, full payment must be made at the time of registration. If you must cancel or change your registration before the registration deadline date, a 95% refund will be given. All changes must be made two weeks prior to the start of a camp session or program. My Enrichment is unable to offer refunds for absences or withdrawal from a program after the registration deadline. An additional \$10 will be charged for any registration accepted after the registration deadline. If a program is cancelled because the vendor cannot conduct the camp, full refunds will be given. I understand and agree on the above refunds/cancellation policy.

Parent/Guardian Signature _____ Date _____

TRANSPORTATION

Some vendors are using The Odyssey School buses to transport students to various locations. I agree to hold The Odyssey School, My Enrichment, and vendors harmless from any liability resulting from injury sustained to my child while riding on The Odyssey School buses.

Parent/Guardian Signature _____ Date _____

