

# ADVENTURERS (RISING 4TH - 5TH GRADE) REGISTRATION PACKET

## CAMP CUBBER SUMMER 2019

**DREAM BIG**  
**JUNE 3 - AUGUST 2**

|                 |                                                            |                       |
|-----------------|------------------------------------------------------------|-----------------------|
| Office Use Only | Date: _____ Check/Credit Amount: _____ TS Initials: _____  |                       |
|                 | Check# (or last 4 CC): _____ Child Total: _____ Reg: _____ | EFT<br>PRE<br>FA / SD |
|                 | Tuition: _____ Lunch (\$152 Max): _____ T-Shirts: _____    |                       |

**DUE AT REGISTRATION:** REGISTRATION FEE, FULL TUITION (IF NOT ON EFT), MEAL PLAN (*if selected*) and ADDITIONAL SHIRT FEE (*if selected*)

**Child's Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Entering Grade for 19/20 School Year:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Registration fee:** \$60 - new campers / \$50 - returning campers / \$40 - current Stars & Comets students.

**Payment Methods:** Camp EFT (Electronic Funds Transfer) or entire summer prepay. Camp EFT is the preferred method of payment. If not enrolling in the camp EFT program, tuition **must be paid in full at the time of registration.**

**Weekly fees:** K-5th Grade (Sessions 1 - 4, 6 - 9): \$145.00 / 6th-8th Grade (Sessions 1 - 4, 6 - 9): \$165.00  
K-8th Grade (Session 5): \$105.00

**Weekly fee includes all field trips, special guests or activities, and a daily PM snack.**

**Select Weeks:** Please put a check mark for the weeks to be attended. Only mark the weeks your child will definitely attend. You will be responsible to pay for all weeks you mark **WHETHER YOUR CHILD ATTENDS OR NOT.**

- \_\_\_\_\_ **Session 1: June 3 - 7**      *Dream Big! (Intro)*
- \_\_\_\_\_ **Session 2\*: June 10 - 14**      *VBS Week - K-5th WILL attend VBS from 9 AM - 12:30 PM*  
*\*Due to limited availability, if camper is in K - 5th Grade, Session 2 is only available if camper is signed up for 6 or more total sessions. No restrictions for 6th - 8th Grade.*
- \_\_\_\_\_ **Session 3: June 17 - 21**      *Scientist / Engineer*
- \_\_\_\_\_ **Session 4: June 24 - 28**      *Animal Researcher / Veterinarian*
- \_\_\_\_\_ **Session 5: July 1 - 3**      *World Travel Blogger - CLOSED Thursday, July 4 and Friday, July 5*
- \_\_\_\_\_ **Session 6: July 8 - 12**      *Marine Biologist*
- \_\_\_\_\_ **Session 7: July 15 - 19**      *Actor / Director / Stunt Person*
- \_\_\_\_\_ **Session 8: July 22 - 26**      *Writer / Historian*
- \_\_\_\_\_ **Session 9\*: July 29 - Aug 2 Let's Just Be Kids!**  
*\*Due to limited capacity, Session 9 is only available to campers signed up for 7 or more total sessions or who are enrolled in Stars & Comets for the 2019 - 2020 school year. Also due to lower enrollment numbers some groups will be split or combined for this final session.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If Possible Please Place My Child With This Child\* (LIMIT OF TWO CAMPERS\*):**

**1st choice:** \_\_\_\_\_ **2nd Choice:** \_\_\_\_\_

*\*Placement in same class is not guaranteed. Both children should be in the **same grade level.**  
Please limit requests to two campers. Putting more than 2 campers could negate ALL requests.*

**EXPRESS CAR CIRCLE TIME SLOT (Check one):** Enrollment in the express car circle is completely optional, but if you would like to enroll, please select the time slot you will be picking up EVERY DAY. Some time slots may fill, so availability is on a first come, first served basis. Please see #7 on the Fees, Policies, and Conduct page for more info.

- \_\_\_\_\_ **TIME 1 (4:00 PM - 4:20 PM)**      \_\_\_\_\_ **TIME 2 (4:30 PM - 4:50 PM)**
- \_\_\_\_\_ **TIME 3 (5:00 PM - 5:20 PM)**      \_\_\_\_\_ **TIME 4 (5:30 PM - 5:45 PM)**
- \_\_\_\_\_ **I DO NOT WISH TO ENROLL IN THE PM EXPRESS CAR CIRCLE AT THIS TIME**

**PRE-PAID MEAL PLAN (OPTIONAL):** \$20 per session if paid in full at registration. Meal Plan purchase is **NON-REFUNDABLE** and cannot be transferred to tuition, cancellation fees, or any other charges, even if sessions are cancelled. For more information on the Meal Plan see # 4 on the Fees, Policies, and Conduct page.

**Prepaid Meal Enrollment (Please circle which sessions you would like):**

Sess 1: \$20      Sess 2: \$20      Sess 3: \$20      Sess 4: \$20      Sess 5: \$12      Sess 6: \$20  
Sess 7: \$20      Sess 8: \$20      \*REMEMBER THERE IS NO MEAL PLAN OPTION FOR Session 9

**Office Use Only:**

|    |     |    |     |    |     |    |    |    |  |
|----|-----|----|-----|----|-----|----|----|----|--|
| TA | BKK | CC | VBS | AL | FTT | MP | PU | EX |  |
|----|-----|----|-----|----|-----|----|----|----|--|

**ADDITIONAL IMPORTANT CAMP CUBBER REGISTRATION INFORMATION:**

Child Name: \_\_\_\_\_

T-shirt size (Circle): Youth XS Youth S Youth M Youth L Youth XL Ad S Ad M Ad L Ad XL

Additional T-shirt/s @ \$10.00 each: \_\_\_\_\_ (one t-shirt included with registration)

**LIABILITY RELEASE:**

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("student"). I, on my own behalf, and on behalf of the minor, agree to release, indemnify, and to hold harmless Palm Harbor United Methodist Church, and all of its Ministries; Westlake Christian School, The Robin's Nest, Stars & Comets, and Camp CUBBER, and their respective directors, officers, representatives, ministers, members, agents, guests, invitees, students, employees, and volunteers from any and all claims, including but not limited to bodily injury or property damage claims, judgments, loss, costs, and expenses arising out of or connected with attendance at all of the above Ministries, and any claim arising out of or connected with any illness or injury that Minor may incur or sustain during the program, all activities associated with the program, and while traveling to and from the site for the program.

I have read and agree.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FEES, POLICIES, AND CODE OF CONDUCT:**

I have read and agree to the fees, policies, and conduct described in this 2019 registration packet (detailed on the last 5 pages of this packet). I have also reviewed, fully understand, and have explained to my child the Code of Conduct including the behavior that is expected and the consequences if not upheld.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO RELEASE:**

As parent and / or legal guardian, I give permission to Palm Harbor United Methodist Church and any of its ministries or aliases (Camp CUBBER, Stars and Comets, etc.) to reproduce and publish photographs taken of my child for any necessary or appropriate camp or church related publicity purposes which may include, but are not limited to printed publications such as brochures and newsletters, digital images, website, videos and social media. I acknowledge that neither the minor children nor I will receive financial compensation for any such publications.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FIELD TRIP PERMISSION:**

I give my consent for my child, \_\_\_\_\_, to go on any field trip with Camp CUBBER @ PHUMC and to make incidental stops en route and return as may be desirable or necessary. I will be notified in writing 24 hours in advance of the designated site of the field trip including necessary details. I understand that I hold Palm Harbor United Methodist Church and Camp CUBBER, its officers, agents, and employees harmless from any and all liability claims, which may arise out of or in connection with my child's participation in this activity. I authorize church / camp representatives to obtain medical treatment for my child in case of illness or injury and agree to pay for any expense incurred for this treatment.

I fully understand that campers are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules may result in a child's removal from part or all of the field trip and the parent / guardian may be notified to pick their child up from the field trip location.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sign in the presence of a Notary

**STATE OF FLORIDA: COUNTY OF PINELLAS**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2019 by \_\_\_\_\_, who is \_\_\_\_\_ personally known to me or \_\_\_\_\_ has produced appropriate identification.

Notary Stamp  
or Seal:

\_\_\_\_\_  
Signature of Notary Public



# CHILD INFORMATION AND RELEASE FOR EMERGENCY CARE

Form must be FILLED OUT ENTIRELY and be the originally signed / notarized form (and contain only one child's name).

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_ Medications Routinely Taken: \_\_\_\_\_

School: \_\_\_\_\_ Entering Grade (for **19/20** school year): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Who Has Legal Custody: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mom's Name (First and Last): \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Dad's Name (First and Last): \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Street Address (number, apt., street)

City

State

Zip Code

Medical Insurance Co: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date (if applicable): \_\_\_\_\_

## **Additional Persons Eligible to Pickup (Minimum of Two is Required):**

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ *Circle One:* Work or Cell: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ *Circle One:* Work or Cell: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ *Circle One:* Work or Cell: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ *Circle One:* Work or Cell: (\_\_\_\_) \_\_\_\_\_

## **Emergency Contact - Only used if the custodial parent(s) / guardian(s) cannot be reached:**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Street Address City State Zip

Home Phone: \_\_\_\_\_ Work or Cell: \_\_\_\_\_

## **PLEASE SIGN IN THE PRESENCE OF A NOTARY:**

*Circle One:*

I hereby give my consent to consult the child's physician / health resource listed above in case of emergency if parent / guardian cannot be reached. I also hereby give my consent to any emergency facility and physician to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached. I also give consent to transport by ambulance if the situation warrants it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Custodial Parent / Legal Guardian (Affiant)

## **STATE OF FLORIDA: COUNTY OF PINELLAS**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2019 by \_\_\_\_\_, who is \_\_\_\_\_ personally known to me or \_\_\_\_\_ has produced the following identification - State Issued ID #: \_\_\_\_\_ Other ID #: \_\_\_\_\_.

Notary  
Stamp  
or Seal:

\_\_\_\_\_  
Signature of Notary Public

## CAMP CUBBER 2019 - PREAUTHORIZED EFT AUTHORIZATION FORM

Attach Voided Check Here:

Please **ATTACH VOIDED CHECK HERE**  
to verify correct bank routing and account  
numbers with your Financial Institution.  
*If your account does not have checks, you may obtain  
a letter from your financial institution instead.*

COMPANY NAME: Palm Harbor United Methodist Church

COMPANY NUMBER: 59 - 1689278 (Tax. ID)

I (we) authorize Palm Harbor United Methodist Church, hereinafter called Company, to initiate debit entries and if necessary, credit entries for adjustments to any debit entries made in error to the account at the Financial Institution listed below:

|                               |                                                 |
|-------------------------------|-------------------------------------------------|
| _____<br>Bank Name            | _____<br>Routing / Transit Number (9 positions) |
| _____<br>Print Name           | _____<br>Checking Account Number                |
| _____<br>Authorized Signature | _____<br>Date                                   |

### Campers Attending:

|                   |                  |              |
|-------------------|------------------|--------------|
| First Name: _____ | Last Name: _____ | Grade: _____ |
| First Name: _____ | Last Name: _____ | Grade: _____ |
| First Name: _____ | Last Name: _____ | Grade: _____ |

Office  
Use  
Only:

***EFT will be processed through your bank using the name "School/Tuition". To avoid a \$20 NSF fee, please do not cancel the charges through your bank. Authorized debit entries include weekly tuition, cancelation fees, t-shirt fees, lunch fees, late pickup fees, replacement clothes fees, or other additional charges that may arise including any outstanding balances. The authority is to remain in full force and effect until the Company has received written notification of its termination in such time and in such manner as to afford Company and Depository Institution a reasonable opportunity to act upon it.***





**ONLY COMPLETE IF CROSSROADS ATTENDING SESSION 1, ADVENTURERS  
ATTENDING SESSION 7, OR DISCOVERERS ATTENDING SESSION 9**

**Participant Agreement, Release and Assumption of Risk (The Agreement) – Sky Zone Clearwater**

**Please print and fill out highlighted areas completely or complete electronically at [www.skyzone.com](http://www.skyzone.com) Clearwater**

Must be completed for participants under the age of 18

(Print up to four names/birth dates below of children of the SAME parent, legal guardian, or power of attorney):

|                                 |           |            |
|---------------------------------|-----------|------------|
| Minor Participant 1: First Name | Last Name | Birth Date |
| Minor Participant 2: First Name | Last Name | Birth Date |
| Minor Participant 3: First Name | Last Name | Birth Date |
| Minor Participant 4: First Name | Last Name | Birth Date |

I have voluntarily elected to use and, if applicable, to allow the minor child(ren) identified above and all minor children under my supervision and referred to individually and collectively herein as "Child", to use the Sky Zone facilities and equipment located at 13000 66<sup>th</sup> St North, Largo, FL 33773 (the "Sky Zone Facility"). In consideration for being allowed to use said facilities and equipment, and any other services provided by [Fly High Parks LLC](#) or its employees or agents at said location, or any other location within the State of Florida, I represent, acknowledge and agree as follows:

I acknowledge and agree that this Agreement covers and is intended to release and provide other benefits, legal protections, and consideration to Fly High Parks LLC, RPSZ Construction LLC, Sky Zone Franchise Group LLC, Sky Zone LLC, and their respective and collective agents, owners, officers, managers, shareholders, affiliates, volunteers, participants, employees, and all other persons or entities acting in any capacity on their respective or collective behalf (collectively, "SZ")

**RELEASE OF POTENTIAL INJURIES**

I acknowledge and agree that the use of trampolines and the other equipment at the Sky Zone Facility and that participating in trampoline and other activities is inherently and obviously dangerous. These risks include serious physical or emotional injury, paralysis, death, damage to myself, the Child, and/or third parties, and damage to personal property of any or all such persons. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity, which I further agree is for recreational purposes and completely voluntary. I acknowledge and agree that, while the trampoline and other activities that take place at the Sky Zone Facility are monitored generally by Sky Zone Facility employees, it is not feasible for such employees to monitor the activities and actions of all customers at all times or all customers simultaneously. Furthermore, Sky Zone Facility employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's health or abilities. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

**SPECIFIC RELEASE FOR "GLOW" ACTIVITIES**

                     (Initial Here) I acknowledge that the Sky Zone Facility may at any time engage in a promotion referred to as "Glow", and other similar programs and activities, that involve the use of reduced and altered or theatrical lighting and special effects, which can increase the inherent and obvious dangers of the activity and can lead to physical or emotional injury, paralysis, death, or damage to myself, the Child, and/or third parties, and damage to personal property of any or all such persons. I understand that special rules apply to "Glow" activities, and the other programs and activities that involve the use of reduced and altered or theatrical lighting and special effects, and that I and the Child may choose not to participate in such activities. I acknowledge and agree that I and the Child may participate voluntarily in the "Glow" and other similar programs and activities solely and exclusively at our own risk, and that by participating, we waive the right to seek damages for any injuries that occur.

**VOLUNTARY ASSUMPTION OF RISK**

I acknowledge and agree that I and the Child are participating voluntarily at our own risk. I acknowledge and agree that the actions or activities of other customers or the actions or inactions of Sky Zone Facility employees could cause me or the Child significant bodily injury (as described in this Agreement), and that SZ is not responsible for the actions or activities of customers using the Sky Zone Facility or the negligence of its employees in supervising the Sky Zone Facility or its usage, including actions, activities, or omissions that result in such harm. Some of the risks include, but are not limited to, the following:

- a) Participants may die or become paralyzed, partially or fully, through their use of the Sky Zone facility and participation in Sky Zone activities.
- b) Participants may suffer cuts, scrapes, bumps, bruises, concussions, the transmission of disease strains and allergic reactions through use of the Sky Zone Facility equipment or contact with other participants or surfaces they have contacted. Participants may sprain, pull, break or otherwise seriously externally or internally injure their head, face (including nose and teeth/jaw), neck, torso, spine, arms, wrists, hands, legs, ankles, feet or other body parts as a result of falling off the trampoline(s) or other equipment, landing improperly on the trampolines or other equipment, or making contact with other participants. As noted in paragraph a) above, such injuries can lead to paralysis, disfigurement or death. Participation may result in heat stroke, heart attacks, dehydration and other exertion-related medical events.
- c) Participants may fall on each other, resulting in broken bones and other serious injuries. Double bouncing, more than one person per trampoline, flipping, running and bouncing off of the walls and wall-mounted trampolines, and other participant body movements (whether planned or unplanned) can create a rebound effect and lead to unpredictable body movements and anticipated or unanticipated bodily contact, any or all of which can lead to serious injury.
- d) Traveling to and from trampolines can result in similar physical injury (even if the participant is not himself or herself bouncing at the time).
- e) Observing, standing, sitting or taking photographs at or near any trampoline or activity can result in similar physical injury (even if the observer is not himself or herself participating at the time).
- f) Participation during reduced or altered lighting "Glow" events can affect depth perception and visibility and may cause me and/or my Child to fall, slip, misstep, collide with other jumpers, or collide with equipment which can result in a greater risk of serious physical or emotional injury, paralysis, or death.

**AGREEMENT TO PAY MY OWN MEDICAL EXPENSES**

I acknowledge, accept, and assume the risk of any and all medical conditions, limitations, or disabilities (whether temporary or permanent) that I or the Child possess, whether known or unknown, which might contribute to or exacerbate any injury I or the Child might sustain as a result of using the Sky Zone Facility or any of its equipment. I acknowledge and agree that if medical assistance (of any form, including emergency care, hospitalization, out-patient care, and/or physical therapy) is required or performed as a result of any injury I or the Child sustains while using the Sky Zone Facility, such assistance shall be at my own expense.

**RELEASE OF LIABILITY**

The Releasing Parties hereby forever, irrevocably and unconditionally release, waive, relinquish, discharge from liability and covenant not to sue SZ, and their successors, predecessors-in-interest, and insurers (collectively, the "Releasees") from any and all claims, demands, rights, actions, suits, causes of action, obligations, debts, costs, losses, charges, expenses, attorneys' fees, damages, judgments and liabilities, of whatever kind or nature, in law, equity or otherwise, whether now known or unknown, suspected or unsuspected, and whether or not concealed or hidden, related to or arising, directly or indirectly, from my or the Child's access to and/or use of the Sky Zone Facility, premises and/or its equipment (whether trampolines or otherwise), the Child's and/or my entry into the Sky Zone Facility, the condition, maintenance, inspection, supervision, control or security of the Sky Zone Facility, the failure to warn of dangerous conditions in connection with the Sky Zone Facility, and/or the acts or omissions of SZ or any of the Releasees, including, without limitation, any claim for negligence, failure to warn or other omission, property damage, personal injury, emotional injury, illness, bodily harm, paralysis or death. I understand that this release and waiver applies not only to use of the trampolines, but also all other equipment, and all activities and games at the Sky Zone Facility. I understand that this release and waiver applies to and includes all activities that I or my Child engage in at the premises, whether inside or outside the Sky Zone Facility. In the event that any claim released herein is brought by, or asserted on behalf of, the Releasing Parties, I shall immediately defend, indemnify and hold harmless the Releasees, and any of them, from any loss or liability, including reasonable attorneys' fees, associated therewith or arising therefrom.

**ONLY COMPLETE IF CROSSROADS ATTENDING SESSION 1, ADVENTURERS  
ATTENDING SESSION 7, OR DISCOVERERS ATTENDING SESSION 9**

**ARBITRATION OF DISPUTES; TIME LIMIT TO BRING CLAIM**

**(Initial Here)** I understand that by agreeing to arbitrate any dispute as set forth in this section, I am waiving my right, and the right(s) of the minor child(ren) above, to maintain a lawsuit against SZ and the other Releasees for any and all claims covered by this Agreement. By agreeing to arbitrate, I understand that I will **NOT** have the right to have my claim determined by a jury, and the minor child(ren) above will **NOT** have the right to have claim(s) determined by a jury. Reciprocally, SZ and the other Releasees waive their right to maintain a lawsuit against me and the minor child(ren) above for any and all claims covered by this Agreement, and they will not have the right to have their claim(s) determined by a jury. **ANY DISPUTE, CLAIM OR CONTROVERSY ARISING OUT OF OR RELATING TO MY OR THE CHILD'S ACCESS TO AND/OR USE OF THE SKY ZONE PREMISES AND/OR ITS EQUIPMENT, INCLUDING THE DETERMINATION OF THE SCOPE OR APPLICABILITY OF THIS AGREEMENT TO ARBITRATE, SHALL BE BROUGHT WITHIN ONE YEAR OF ITS ACCRUAL (i.e., the date of the alleged injury) AND BE DETERMINED BY ARBITRATION IN THE COUNTY OF THE SKY ZONE FACILITY, FLORIDA, BEFORE ONE ARBITRATOR. THE ARBITRATION SHALL BE ADMINISTERED BY JAMS PURSUANT TO ITS RULE 16.1 EXPEDITED ARBITRATION RULES AND PROCEDURES. JUDGMENT ON THE AWARD MAY BE ENTERED IN ANY COURT HAVING JURISDICTION. THIS CLAUSE SHALL NOT PRECLUDE PARTIES FROM SEEKING PROVISIONAL REMEDIES IN AID OF ARBITRATION FROM A COURT OF APPROPRIATE JURISDICTION.** This Agreement shall be governed by, construed and interpreted in accordance with the laws of the State of Florida, without regard to choice of law principles. Notwithstanding the provision with respect to the applicable substantive law, any arbitration conducted pursuant to the terms of this Agreement shall be governed by the Federal Arbitration Act (9 U.S.C., Sec. 1-16). I understand and acknowledge that the JAMS Arbitration Rules to which I agree are available online for my review at jamsadr.com, and include JAMS Comprehensive Arbitration Rules & Procedures; Rule 16.1 Expedited Procedures; and, Policy On Consumer Minimum Standards Of Procedural Fairness.

**PHOTO/VIDEO/SOCIAL MEDIA WAIVER**

In connection with my and the Child's use of the Sky Zone Facility, I consent to the recording of the Child's and my physical likeness and/or voice through mechanical, photographic, technical, digital, electronic or other means ("Recordings"). I hereby consent to and authorize SZ and its agents, representatives, employees, successors and assigns to use, in perpetuity, such Recordings, as well as the Child's name and my name, for any purpose, including advertising, promoting, exploiting and/or publicizing any Sky Zone Facility. I further agree that the foregoing includes the consent to use the Child's and/or my physical likeness in any form. In addition, I waive any and all claims I may have in connection with the Recordings.

**TERM OF AGREEMENT**

I understand that this agreement extends forever into the future and will have full force and legal effect each and every time I or my child(ren)/ward(s) visit Sky Zone, whether at the current location or any other location or facility.

**SAFETY IS YOUR RESPONSIBILITY: I AND EACH CHILD AGREE TO FOLLOW THE CODE OF PATRON RESPONSIBILITY:**

- a) You acknowledge that there are inherent risks in the participation in or on any trampoline court, and that such risks include not only the use of trampolines, but other activities and equipment. Patrons of a trampoline court who use trampolines, and those who engage in any other activities or use any other equipment, by participation, accept the risks inherent in such participation of which the ordinary prudent person is or should be aware. Patrons have a duty to exercise good judgment and act in a responsible manner while using the trampoline court and other equipment, and while engaging in such activities. Patrons have a duty to obey all oral or written warnings, or both, prior to or during participation, or both.
- b) You have a duty to not participate in any activity on any trampoline court, or engage in any other activity or use any other equipment, when under the influence of drugs or alcohol.
- c) You have a duty to properly use all safety equipment provided, whether for the trampolines at the trampoline court, or otherwise.
- d) You have a duty to not participate in any activity on any trampoline court, or engage in other activities or use other equipment, if you have pre-existing medical conditions, circulatory conditions, heart or lung conditions, recent surgeries, back or neck conditions, knee or ankle conditions, high blood pressure, known pregnancy, any history of spine, musculoskeletal or head injuries, or if you may be pregnant.
- e) You have a duty to remove inappropriate attire including hard, sharp or dangerous objects such as buckles, pens, purses, badges and so forth.
- f) You have a duty to avoid bodily contact with other patrons.
- g) You have a duty to conform with or meet height, weight or age restrictions imposed by the manufacturer or owner to use or participate in any trampoline park activity, whether involving the use of trampolines, or otherwise.
- h) You have a duty to avoid crowding or overloading individual sections of the trampoline court, or other equipment.
- i) You have a duty to use the trampoline court, and other equipment, within your own limitations, training and acquired skills.
- j) You have a duty to avoid landing on the head or neck. Serious injuries, paralysis or death can occur when landing on the trampoline court bed, or elsewhere, whether involving the trampoline, other equipment, or otherwise.
- k) You also agree to follow and obey all posted and stated warnings and patron education signs.
- l) You agree to explain all safety rules to each Child you accompany, and to ensure that each Child obeys the safety rules.

**NOTICE TO THE MINOR CHILD'S PARENT OR NATURAL GUARDIAN:**

**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF SZ AND ALL OTHER RELEASEES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM SZ AND ALL OTHER RELEASEES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND SZ AND ALL OTHER RELEASEES HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

**(Initial Here)** I have read and understood the preceding paragraph. I have had sufficient opportunity to read this document. I have read and understood and agree to be bound by its terms. I understand that employees working at the Sky Zone Facility, including the manager, do not have the authority to waive any provision of this Agreement. This Agreement constitutes and contains the entire agreement between SZ and me relating to the Child's and my use of the Sky Zone Facility. There are no other agreements, oral, written, or implied, with respect to such matters. I further agree that this Release shall be construed in accordance with the laws of the State of Florida. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby. By signing below, I represent and warrant that I am the parent, legal guardian, natural guardian or power-of-attorney of the above listed Child(ren) and have the authority to execute this Agreement on his/her or their behalf and to act on his/her or their behalf. I have read each and every paragraph in this document and I and they agree to be bound by the terms stated therein, including the release of liability contained therein. I further agree to indemnify and hold harmless the Releasees from any and all claims which are brought by or on behalf of this or these minor Child or Children, or any of them, which are in any way connected with, arise out of, or result from their use of the Sky Zone Facility. I am 18 years of age or older. I am entering this agreement on behalf of myself, my spouse or domestic partner, the Child, and our respective and/or collective issue, parents, siblings, heirs, assigns, personal representatives, estate(s), and anyone else who can claim by or through such person or persons (collectively, the "Releasing Parties").

ONLY COMPLETE IF CROSSROADS ATTENDING SESSION 1, ADVENTURERS  
ATTENDING SESSION 7, OR DISCOVERERS ATTENDING SESSION 9

IN SUMMARY, BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT IF I OR ANY OF MY CHILDREN ARE INJURED IN  
ANY WAY, THIS WAIVER PREVENTS AND PROHIBITS ANY RECOVERY OF MONEY FROM ANY SKY ZONE RELATED  
ENTITY.

Parent/Legal Guardian/Natural Guardian/Power of Attorney/Participant Signature (if 18 or older)

Date:

Parent/Legal Guardian/Natural Guardian/Power of Attorney/Participant' Information (if 18 or older)  
Please Print Clearly Using Blue or Black Ink.

|                   |                  |                   |                 |
|-------------------|------------------|-------------------|-----------------|
| Signer First Name | Signer Last Name | Signer Birth Date |                 |
| Street Address    | City             | State/Province    | Zip/Postal Code |
| Phone Number      | Email Address    |                   |                 |

☐ Check box if you would not like to receive free email promotions and discounts to the email address provided above, I may unsubscribe from emails at any time.



**Palm Harbor United Methodist Church  
Vacation Bible School Child Registration Form  
June 10-14, 2019: 9:00 AM – 12:30 PM**

**STOP! Only fill out if your child is attending CAMP CUBBER for Week 2 AND is entering Kindergarten - 5th Grade in the 2019 – 2020 school year!**

Child's Name: \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_  
*First Last*

Please Note: We use the same calendar the school system uses to determine class placement

  X   Age-kindergarten through 4<sup>th</sup> grade completion  
(\$25 fee covered in your CAMP CUBBER tuition) -**birthdate before 9-1-14**

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Child's Age Today: \_\_\_\_

Grade entering next school year (2019-2020): \_\_\_\_\_

Allergies/Conditions to be Aware of: \_\_\_\_\_

Any previous allergies/conditions will be noted unless notified of a change.

**T-shirts will be supplied as a craft project, please circle one size.**

T-shirt size: **Child:** XS (2-4) S (6-8) M (10-12) L (14-16) **Adult:** S M L XL

School attending next year: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

| <i>Street Number/Name</i> | <i>City</i> | <i>State</i> | <i>Zip</i> |
|---------------------------|-------------|--------------|------------|
|---------------------------|-------------|--------------|------------|

Parent's/Legal Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent's/Legal Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Other Phone Numbers -Primary: \_\_\_\_\_ Alternate: \_\_\_\_\_

Email address for correspondence: \_\_\_\_\_

Name of Home Church: \_\_\_\_\_

Emergency Contact (other than the Parent / Legal Guardian):

Name: Phone: Relationship:



## **CAMP CUBBER: Fees, Policies, and Conduct**

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1. **Camp Hours:** Camp sessions are from 9:00 AM – 4:00 PM. Free extended care is available from 6:30 AM – 6:00 PM. Camp closes promptly @ 6:00 PM. Starting at 6:01 PM, late fees are \$1.00 per minute per family. **Our 6:00 PM closing time is strictly enforced.** Please note that after 3 instances of being late, the late fee will raise to \$2.00 per minute per family. After 5 instances of being late, the late fee will raise to \$3.00 per minute.
2. **Camp Fee Policy:** At registration, the non-refundable registration fee is due for all families. If you are paying via Camp EFT, the tuition for your child's last session will be **collected via EFT on May 1, 2019.** That payment will be applied to your account for the final session your child is scheduled to attend. As long as you have stayed current, no payment will be required on your child's final session of camp. **If you are not paying via EFT, the tuition for all weeks your child is enrolling for the summer will be due at registration.**
  - Spaces are not guaranteed until completed application forms, registration fee, and either an EFT form or your full camp tuition are submitted.
  - There is **NO REFUND** of camp tuition for unused days or sessions. Since spaces are limited, you are obligated to pay for **ALL SESSIONS YOU HAVE SIGNED YOUR CHILD UP FOR.** We cannot give compensation or refunds for absences due to illness, vacation, family emergencies, or any other reason.
  - Should you need to switch or cancel a session, please let the camp office know as soon as possible. Though there will be a fee for cancelled sessions, **WITH ADEQUATE NOTICE, you will only be responsible for the specified cancellation fee and not the entire cost of the session. Remember WE CANNOT REFUND TUITION, so if you cancel a session (or sessions) you have already paid for, the total cost of the session will be kept, not just the cancellation fee.** Cancellation fees are:
    - Cancel by March 29 - FREE / Cancel by April 19 - \$10.00 / Cancel after April 19, but by May 24 - \$20.00
    - Cancel after May 24, but more than 6 business days before the start of the session scheduled - \$40.00
    - Cancel less than 6 business days prior to the start of the session scheduled, but before 12:00 PM Thursday - \$70.00
    - Cancel after 12:00 PM Thursday of the week prior to the session you were scheduled to attend - FULL TUITION
  - EFT funds are collected on the **Thursday prior to the start of each session your child is registered.** It is important that any cancellations occur prior to the Thursday before your child is scheduled to attend or THE ENTIRE AMOUNT OF THE CAMP SESSION will be taken out, and as stated above, no refunds will be given.
  - There is a \$5 per week sibling discount available. The discount is off of the second, third, and fourth child attending ON THE SAME WEEKS. If only one child is attending any given week, he / she is not eligible for the sibling discount.
  - There will be a \$20.00 fee for any EFT payments that cannot be processed due to non-sufficient funds, stopped payment, or any other reason. There will also be a \$20.00 fee for returned checks. Families may be placed on **CASH ONLY** payment at the discretion of the camp if this happens more than once. There will be an additional \$10 fee per session to do so. WE RESERVE THE RIGHT TO REFUSE A CAMPER WHOSE TUITION IS NOT CURRENT.
3. **Changes to Field Trips:** Field trips may be changed due to weather, scheduling conflicts with the trip provider, illness, transportation problems, or other factors beyond our control. **NO REFUND WILL BE GIVEN DUE TO FIELD TRIP CHANGES.** The cancelled trip will be replaced with another trip or special event.
4. **Lunch / Meal Plan:** Campers have the choice of purchasing lunch at camp or bringing lunch from home. Families may choose to purchase the weekly meal plan at the time of registration at a discounted rate of **\$20.00 per session.** Campers can also purchase the meal plan weekly any time after registration for **\$27.50 per session** or a single day meal ticket the morning of the day desired before 9:00 AM for **\$5.50 per day.**
  - Meal Plan purchase is NON-REFUNDABLE regardless of student attendance or cancellation of sessions. Meal plan payments CANNOT be transferred to tuition, cancellation fees, or any other charges.
  - Campers who do not participate in the meal plan or do not purchase a meal ticket in the morning **MUST BRING A LUNCH.** We will do our best to notify a parent if a camper is brought to camp without a lunch. Campers who do not notify their group leader until lunchtime that they do not have a lunch (and have not pre-paid for a meal ticket) will receive a bagged lunch (unless additional hot lunches are available) and \$5.50 will be due at pickup or added to your next EFT payment. If this occurs more than 3 times during the summer the fee will increase to \$10.00 per instance.
  - **Summer 2019 Menu:** In order to provide campers with some variety our menu will change slightly each session. Monday will typically be chicken nuggets and Friday will typically be cheese pizza. Tuesday through Thursday will vary, but will include things like Spaghetti & Meatballs, Hot Dog, Macaroni & Cheese, Fettuccine Alfredo or Buttered Pasta, Corn Dog, Hamburger, Waffles or Pancakes, and more. Meals include chips or side (for days with meat and pasta, pasta counts as the side), fruit or juice, a dessert item, and a drink. If a student doesn't like a specific lunch, there will be a sandwich substitute available (except on field trips where lunches are pre-boxed).
  - If your child is scheduled to attend a full day field trip (where campers will eat lunch at said field trip venue), and is signed up for the meal plan he / she will be provided with a boxed lunch for that day (and that boxed lunch will supersede the planned menu for the day). Boxed lunches will include a sandwich (typically turkey or ham), fruit, chips, dessert, and drink. On those instances, sales of single day meal tickets WILL NOT BE AVAILABLE FOR PURCHASE ON THE FIELD TRIP DAY, but instead must be pre-ordered and will be marked as such on the Week @ A Glance Calendar.

**CAMP CUBBER: Fees, Policies, and Conduct**

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- The meal plan **DOES NOT INCLUDE lunch on trips to major theme parks / water parks.** Money for lunch inside theme parks IS NOT COVERED BY THE MEAL PLAN and is the responsibility of the camper's family. A reminder will be placed on the Week @ A Glance Calendar. A continental breakfast will be substituted for those on the meal plan on theme park field trip days.
- If there is a field trip that includes lunch for all students, students on the meal plan will be given either a continental breakfast before departure or something additional while on the field trip (i.e. - additional tokens, rides, game play, souvenir, etc.) and it will be noted on the Week @ A Glance Calendar as such.
- 5. **Snacks:** An afternoon snack is provided every day at approximately 3:45 PM (depending on field trips of course). Students may bring a morning snack from home (if desired) which should be consumed before Opening Session @ 9:00 AM. If your child has a specific snack or nutrition need please see an office staff with details.
- 6. **Arrival and Departure Procedure: Parents or guardians MUST ENTER the building to sign your child IN and OUT.** This procedure is obviously for your child's safety and is our only time to get you updated camp information or field trip changes as necessary. **STUDENTS WILL NOT BE ADMITTED TO CAMP WITHOUT PARENT / GUARDIAN SIGN IN!** Children will be released only to persons authorized by parents or guardians as listed on the enrollment form. **All persons picking up children should carry Photo Identification as it will be required if that person is not known by the staff on site.**
- 7. **PM Express Car Line:** Enrollment is optional. Parents can sign up for a time slot to pick their child up from the express car line. This should be the time you anticipate arriving to camp EVERY DAY. Those time slots are: 4:00 PM - 4:20 PM, 4:30 PM - 4:50 PM, 5:00 PM - 5:20 PM, and 5:30 PM - 5:45 PM  
    **→Students not picked up from the car line by 5:45 PM will be escorted back to their group's closing room.**
  - Again, this should be the time you plan to pick your child up from camp EVERY DAY. If you don't know your schedule at the time of filling out this registration, you can sign your child up for an Express Car Line time slot at camp orientation or once camp begins, however some time slots may fill and be CLOSED by that time.
  - If you are not able to make your express time slot or if you desire to pick your child up earlier / later for any reason, you may remove your child from express for the day and pick him / her up in their extended care or closing room. While we are happy to remove your child from express as needed (and even move your child permanently to a different time slot if there is still room), **unfortunately we cannot move your child to a different express time slot for a single day.** Please note that calls to remove a child from express MUST OCCUR MORE THAN 15 MINUTES BEFORE YOUR SELECTED TIME SLOT.
  - Campers will be escorted to the PM Express Room by a staff or volunteer. As you arrive in your car, a staff will radio the express room to have your child brought to the car circle by the cafeteria / flag pole (southwest side of campus).
  - Also please note, if your child is attending a field trip that is scheduled to return after 4:30 PM, there will be NO EXPRESS PICKUP available that day for your child's age group (these days will be noted as such on the Week @ A Glance Calendar). **Again, instead of using express, you would need to go to your child's extended care or closing room to pick him / her up on those designated days.**
  - When picking your child up from camp you will need to show your Driver's License (which will be checked with the information provided on this registration paperwork) to ensure you are an eligible pickup person.
- 8. **AM Express Drop Off Service:** AM Express Drop Off is located in front of the cafeteria. There will be a staff member posted outside with a clipboard to allow you to sign your child in (while remaining in the car if desired). Your child will proceed to the cafeteria and wait with a camp staff member until escorted to their classroom by a camp staff or volunteer runner. Using the AM Express Drop Off service is completely optional and families can feel free to bring their child to their appropriate room if desired.
- 9. **Camp Shirts:** Camp shirts MUST be worn on ALL non-swimming FIELD TRIPS. If your child is not wearing his / her assigned t-shirt an additional t-shirt will be issued. Current year (2019) camp t-shirts will be \$10.00 or prior year t-shirts will be \$5.00 (while supplies last). The cost of the shirt will be billed to your account. Field trip days will be outlined on your Week @ A Glance Calendar.
- 10. **Field Trip Departure:** Departure times will be posted on the Week @ A Glance Calendar. Please make sure that your child is here by the appropriate time indicated on that schedule. Campers arriving late may not make their field trip. **Field trip transportation needs are determined at the time of departure.** If your child is not present at time of departure, the camp considers them ABSENT FOR THE DAY. Due to the size and nature of the program, campers arriving after the departure time WILL NOT be admitted to camp. Each class and age group has a preset capacity (which we do our best to fill), so campers arriving late cannot be left behind with another group (or left in the office). Campers who miss a field trip departure will not be allowed to be dropped off at a field trip site UNLESS the camp office confirms that adequate transportation back to camp is available. Should you have an issue with a field trip departure time please coordinate IN ADVANCE through the camp office to see if any accommodations can be made. Return times posted on your Camp Activity Schedule may vary due to traffic or safety concerns beyond our control. Should extreme delays occur you will be notified as soon as possible by phone.

11. **Dress Code:** As we are a Christian summer camp we expect campers to dress moderately and appropriately. Please no spaghetti straps or mid-drift tops. Tops must be loose fitting and be an appropriate length. **Skirts and shorts should be of a moderate length, going to at least mid thigh. Generally speaking, shorts going to the end of your child's fingertips would be appropriate.** Clothing should be worn as manufactured (not rolled up on the waistband or legs). Shirts may only be "banded" with a rubber band or hair tie if NO PORTION OF THE STOMACH is being revealed. Clothing should not have printing or graphics on it that is inappropriate for a Christian summer camp. **PLEASE NOTE: Closed toed shoes are required at Camp CUBBER for all non-swimming days.** Camp CUBBER by its nature is full of daily activities that require movement where sandals or other open toed shoes are not appropriate. Sandals or flip flops may be worn on swim days (or swim field trip days) only. **WE RESERVE THE RIGHT TO REFUSE A CAMPER WHOSE DRESS IS INAPPROPRIATE.**
12. **Change of Clothes:** Younger campers and those campers prone to bathroom accidents are strongly encouraged to bring a change of clothes with them to camp. If your child has an accident and does not have a change of clothes with him / her, the camp office will issue underwear, shirt, and shorts to wear and there will be a \$5 fee. Brand new underwear will be given to each child, which is yours to keep. The shirt and shorts should be washed and returned to the camp office by Friday of that week or an additional \$10 fee will be charged.
13. **Swim Apparel / Swim Guidelines:** Swimming apparel is to be modest. **ALL GIRL'S BATHING SUITS should be ONE PIECE ONLY regardless of age.** If your child does not own a one piece bathing suit, a dark colored t-shirt must be worn over any bikini or two piece swimsuit at all times. Girls without a dark colored t-shirt to wear over their two piece swimsuit will be issued a camp shirt and a \$10 fee will be charged to your account. Boys' bathing suits should be board shorts or long shorts please. Campers not wearing appropriate swimming apparel may be restricted from swimming. All towels, apparel, and campers' change of clothes must fit inside their camp issued backpack. We strongly encourage that each camper wear or bring their own sun block. We cannot allow campers to share sun block due to possible allergies. If your child cannot apply his or her own sun block, please provide a spray or aerosol type. Camp staff can only help apply these 2 types.
14. **Personal Property:** Camp CUBBER allows campers to bring money on selected field trips (your 2 Week @ A Glance Calendar will notate which field trips it is appropriate to bring money on); however, it is the sole responsibility of the camper to hold, secure, and maintain said monies. **Depending on itinerary and current staff, campers may or may not have the opportunity to spend said monies.**
  - **PLEASE NOTE:** Campers of all grades are allowed to bring, within reason, portable electronic devices on selected days during the summer. These selected days will be identified on the Week @ A Glance Calendar. Personal electronic devices include: iPods, Nintendo DS's, etc. **These items and accessories are the sole responsibility of the camper and must be cared for accordingly. If you are afraid your child will lose their personal items, please have them leave them at home.** It will be the parents' responsibility to pick up any items lost while on a field trip. If a lost item is found at camp, it will be placed in a camp "Lost and Found" area. Items not claimed by the end of the summer will be discarded or donated.
  - **All items brought from home, except campers' lunch boxes, MUST FIT INSIDE THEIR CAMP ISSUED BACKPACK.** This includes all swim apparel. No additional bags or backpacks will be permitted. Girls 6th Grade and older may also bring a purse if desired.
  - Games, apps, and music on personal electronic devices should be **appropriate for play at a Christian summer camp** and may be checked randomly for appropriateness.
15. **Camp CUBBER and it's staff WILL NOT be held responsible for lost, misplaced, or stolen monies or other personal property.** If there is an issue of possible theft or another situation where it is deemed necessary by camp management, campers' personal belongings may be looked through by a camp supervisor. If there are things campers would like to be kept personal or confidential, please leave these items at home. Any items with a dispute of ownership will be held in the camp office until both parents have arrived.
16. **Cell Phones:** **Please do not allow campers to bring cell phones to camp.** They will have no need for them while they are here and all staff will have a cell phone and/or another communication device in case of emergency. Campers who bring a cell phone to camp will be told to TURN IT OFF (NOT ON VIBRATE), put it away with their belongings, and asked not to bring it back to camp. Any camper not complying with the above rules WILL HAVE THEIR CELL PHONE CONFISCATED and returned to the parent at time of pickup. **Campers who continue to disobey the cell phone policy will face the discipline action stated in the Code of Conduct (See #19).**
17. **Faith Content:** **Camp CUBBER is a Christian summer camp, and a ministry of Palm Harbor United Methodist Church.** While at camp, children will encounter a level of exposure to the Christian faith and its values. Students are encouraged to grow their faith and are given core principles (through the Orange Curriculum, 2-5-2 Basics Curriculum, and others) that focus on KEY CHRISTIAN VALUES such as Compassion, Determination, Fairness, Generosity, Gratitude, Honesty, Hope, Love, Obedience, and many more. Other forms of faith content include: instructor led prayer during opening session, kid's praise and worship songs during opening session, Bible stories during opening session, instructor led, student led or group style prayer over food, Christian themed literature during reading times, and

## CAMP CUBBER: Fees, Policies, and Conduct

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participation in a faith based small group class. The faith based small group class will be primarily values based, but will contain some level of faith content including but not limited to Bible stories, Bible verses, and modern life stories of followers of Christ.

18. **Movie Policy:** All students may view **G and PG rated movies as part of regular camp activities or while on a camp field trip.** Selected and screened PG-13 movies may be made available from time to time to **6th - 8th GRADE STUDENTS ONLY.** There will always be a PG or G alternative if a PG-13 movie is being shown. Movie selections will be made and posted / emailed in advance. If at any time there is a specific movie you would like your child not to see, please inform his / her group leader or a Camp CUBBER office staff.
19. **Code of Conduct / Discipline and Expulsion Policy:** Reasonable rules and regulations are essential to ensure each child's safety and allow each child to experience full enjoyment of our program. **PLEASE REVIEW THE PROGRAM'S CODE OF CONDUCT AND DISCIPLINE POLICY WITH YOUR CHILD.** Please note that physical punishment will not be used in any form at Stars & Comets. We will not subject your child to discipline that is severe, humiliating, or frightening. Neither will we associate discipline with food, rest, or toileting.
  - a. Camper will stay with program staff in assigned area & must have consent from staff to go to another area. Camper will not wander or leave the group at any time without prior permission.
  - b. Camper will show courtesy, respect, and good manners toward fellow campers and staff members.
  - c. Camper will not lie or intentionally mislead staff or other campers.
  - d. Camper will not use abusive, crude, obscene, sexual, or inappropriate language, writing, or gestures.
  - e. Camper will not bring items (books, magazines, electronic devices, etc.) with abusive, crude, obscene, sexual, or inappropriate language, writing, gestures, or displays with them to the program. Camper will not seek out abusive, crude, obscene, sexual, or inappropriate language, writing, gestures, or displays on program or personal computers or electronic devices,
  - f. Camper will not exhibit "bullying" behavior. Camp CUBBER defines "bullying" behavior as a repetition, pattern, or combination of any of the following behaviors: name calling, shaming, intimidating, targeting, being aggressive towards another student, or ostracizing / excluding / isolating another student.
  - g. Camper will keep hands and feet to themselves. No kicking, hitting, pushing, inappropriate touch, etc. - **ABSOLUTELY NO FIGHTING.**
  - h. Camper will be respectful of property belonging to the center and fellow campers. Camper will not break or damage property through intent, malice, or careless behavior. *Parent / Guardian will be responsible for payment of any damaged or destroyed property.*
  - i. Good sportsmanship and fair play must be displayed at all times.
  - j. Camper will not bring violent toys or instruments or items that could be used as such.
  - k. Camper will abide by all bus / van safety rules:
    1. Camper will remain seated and have SEAT BELT BUCKLED AT ALL TIMES
    2. Camper will exit bus / van ONLY as the driver or staff member directs
    3. Camper will remain in assigned loading area and will not enter bus / van until the driver or camp staff member indicates it is safe to do so
    4. A quiet voice will be used at all times – NO YELLING
    5. Camper will sit in assigned seat if designated or if the driver appoints one
    6. Camper will refrain from eating and drinking while on the bus / van

We seek to set appropriate limits and utilize positive techniques to encourage and guide our campers' behavior. That can be seen in a variety of ways, from color charts, positive reinforcement and public recognition of positive behavior, use of the treasure box or other reward systems, and using a program wide bear bucks / auction points behavior system.

**FAILURE TO OBEY THE ABOVE RULES WILL RESULT IN A PROGRESSION OF DISCIPLINARY ACTION DEEMED APPROPRIATE BY PROGRAM STAFF / ADMINISTRATION.** The disciplinary action will be based on the severity of the camper's action / incident that occurred. Should behavior be extreme or repeated, multiple steps will likely be skipped.

### DISCIPLINARY ACTION MAY INCLUDE THE FOLLOWING:

- a. Verbal warning(s) and / or redirection
- b. A period of "time out" (in view of staff member) which may include missed time during a field trip / special activity or being relocated to an alternate group for a brief period of time
- c. A one on one behavior discussion with the group leader or administrator
- d. A written notice with details of behavior, requiring parent / guardian signature
- e. A parent conference with the Director by phone
- f. Camper may be moved to a different class / group for a period of time to be determined by the Director
- g. When it is deemed necessary by the Director, parent / guardian may be called to take the camper home
- h. An in-person parent conference with the Director, group leader, and camper
- i. Camper may be suspended from the program for one (1) to five (5) days. Length of suspension will be determined by the Director based on the behavior, situation, and any other circumstances.

**CAMP CUBBER: Fees, Policies, and Conduct**

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- j. If the camper cannot be kept safe in our care, the camper is jeopardizing the safety of other campers in our care, the camper has shown repeated issues with the same behavior regardless of consequence, or a behavior / action (or progression of behaviors / actions) is deemed extreme the camper may be expelled from the program at the discretion of the Director
- k. Any behavior that is deemed malicious, violent, sexual, or results in physical and / or property damage may result in advanced stages of discipline, including, but not limited to, immediate suspension or expulsion from the program (to be determined by Director)
- l. Should a camper be sent home early, suspended or expelled from the program, there will be no refund of tuition or cost reduction for time or days missed. For campers who are expelled from the program, no additional payments should be collected or due after the date of expulsion.
- m. **Campers who reach advanced stages of disciplinary action or display repeated inappropriate behavior (receiving multiple written behavior notices) may not be eligible for enrollment in future summers.**

**Camp CUBBER and it's staff / administration reserves the right to implement any of the above steps deemed necessary, based on the severity of the behavior or actions taken by the camper.**

20. **Photo Release:** As parent and / or legal guardian, I give permission to Palm Harbor United Methodist Church and any of it's ministries or aliases (Camp CUBBER, Stars and Comets, etc.) to reproduce and publish photographs taken of my child for any necessary or appropriate camp or church related publicity purposes which may include, but are not limited to printed publications such as brochures and newsletters, digital images, website, videos and social media. I acknowledge that neither the minor children nor I will receive financial compensation for any such publications.

**We know that you have many summer camp options for your child and we thank you for selecting Camp CUBBER at Palm Harbor United Methodist Church. While we believe that our camp is one of the best summer camp options in the Tampa Bay area, we know it is not for everyone. We do expect families that register for Camp CUBBER 2019 to understand, agree with, and abide by our fees, policies, conduct / discipline, and releases including our payment options and the photo release. If you find that these policies are not for you, we encourage you to find a camp that better suits the needs of your family.**

The acknowledgment and acceptance of the fees, policies, conduct / discipline, and releases page is found on the second page (entitled ADDITIONAL IMPORTANT CAMP CUBBER REGISTRATION INFORMATION) of this camp 2019 registration packet. Thank you!