**Camp Three R’s**

**Family Registration**

# **Child Information**

Registration Date:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1st Child** | | | | | | | |
| Last Name | | | First Name | | M.I. | Nickname | |
| Entering grade | [ ] Male [ ] Female | Birth Date | | Address: | | | City: |

Existing medical conditions, medications and/or special attention your child may require

|  |  |  |
| --- | --- | --- |
| Pediatrician’s/doctor’s Name: | Phone: | Address: |

Allergies:

Photos: May we take and maintain a photo of your child for security purposes?

[ ] Yes [ ] No

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2nd Child** | | | | | | | |
| Last Name | | | First Name | | M.I. | Nickname | |
| Entering grade | [ ] Male [ ] Female | Birth Date | | Address: | | | City: |

Existing medical conditions, medications and/or special attention your child may require

|  |  |  |
| --- | --- | --- |
| Pediatrician’s/doctor’s Name: | Phone: | Address: |

Allergies:

Photos: May we take and maintain a photo of your child for security purposes?

[ ] Yes [ ] No

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **3rd Child** | | | | | | | |
| Last Name | | | First Name | | M.I. | Nickname | |
| Entering grade | [ ] Male [ ] Female | Birth Date | | Address: | | | City: |

Existing medical conditions, medications and/or special attention your child may require

|  |  |  |
| --- | --- | --- |
| Pediatrician’s/doctor’s Name: | Phone: | Address: |

Allergies

Photos: May we take and maintain a photo of your child for security purposes?

[ ] Yes [ ] No

# **Primary Guardian Information**

*Name(s) of person(s) with whom child is living*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1st Primary Guardian** | | | | | | | | | | |
| Last Name | | First Name | | | | | M.I. | Relationship to Child | | |
| Email Address | | | Work Phone | | | | | Cell Phone | | |
| Occupation | Employer | | | Work Address | | | | | Work Hours | |
| **2nd Primary Guardian** | | | | | | | | | | |
| Last Name | | First Name | | | | | M.I. | Relationship to Child | | |
| Email Address | | | Work Phone | | | | | Cell Phone | | |
| Occupation | Employer | | | Work Address | | | | | Work Hours | |
|  | | | | | | | | | | |
| Which Guardian Should be Called First? | | | Home Phone | | | | |  | | |
| Home Resident Street Address | | | | | Apt # | City | | | | Postal Code |
| Mailing Address (if diﬀerent than above) | | | | | Apt # | City | | | | Postal Code |

**Second Guardian Information**

*Non-primary custodial parent (If applicable)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1st Non-primary Guardian** | | | | | | | |
| Last Name | First Name | | | M.I. | | Relationship to Child | |
| Email Address | | Work Phone | | | | Cell Phone | |
| **2nd Non-primary Guardian** | | | | | | | |
| Last Name | First Name | | | M.I. | | Relationship to Child | |
| Email Address | | Work Phone | | | | Cell Phone | |
|  | | | | | | | |
| Which Guardian Should be Called First? | | Home Phone | | | | Should mailings be sent to this household also?  [ ] Yes [ ] No | |
| Second Household Mailing Address | | Apt # | Address | | City | | Postal Code |

**Additional Comments & Information:**

# **Emergency Contacts and Authorized Pickups**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1st Contact/Pickup** | | | | |
| Last Name | | First Name | | Relationship to Child |
| Home Phone | Cell Phone | | [ ] Able to pick up all children in the family  [ ] Not able to pick up the following children: | |
| **2nd Contact/Pickup** | | | | |
| Last Name | | First Name | | Relationship to Child |
| Home Phone | Cell Phone | | [ ] Able to pick up all children in the family  [ ] Not able to pick up the following children: | |
| **3rd Contact/Pickup** | | | | |
| Last Name | | First Name | | Relationship to Child |
| Home Phone | Cell Phone | | [ ] Able to pick up all children in the family  [ ] Not able to pick up the following children: | |

**Additional Comments and Information**

## Is there is any other information that would be helpful to our staff and coordinator? Put “no” if there is no other information.

**Signature**

Parent / Guardian Signature Date

PLEASE LIST ALLERGIES HERE:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CHILD 1. Name: |  |  |  |  |
|  | Mild | Moderate | Severe | Life Threatening |
| ALLERGY: |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CHILD 2. Name: |  |  |  |  |
|  | Mild | Moderate | Severe | Life Threatening |
| ALLERGY: |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CHILD 3. Name: |  |  |  |  |
|  | Mild | Moderate | Severe | Life Threatening |
| ALLERGY: |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**If your child or children has a life threatening allergy, (anaphylactic shock or allergic reaction that needs medical attention) please indicate details of reaction or put “no” below:**

CHILD 1. Name:

CHILD 2. Name:

CHILD 3. Name:

**If your child or children has Asthma or any other medical condition such as Epilepsy, Hemophilia, Diabetes, skin condition, sight difficulties, hearing difficulties, please indicate below. Leaving blank indicates there is none:**

|  |  |  |
| --- | --- | --- |
| **CHILD’S NAME** | **Condition** | **Information and treatment** |
|  |  |  |
|  |  |  |
|  |  |  |

**I hereby consent to the collection, use and disclosure of my child’s/children’s health information by Three R’s Academics, for the purpose of any medical or other relevant care for the safety and wellbeing of the child/children. I understand that Three R’s Academics protects the privacy of all personal information in its possession in compliance with prevailing privacy legislation.**

**Printed Name of Parent or Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### HEALTH HISTORY FOR (child 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HISTORY OF COMMUNICABLE DISEASES: Please indicate if \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has had any of the following:

Chicken Pox  Mumps  Measles  Whooping Cough  Rubella (German measles)  Hepatitis B

Has this child any known health problems or depressed immune system?

NO  YES  - If YES, attach documentation.

List communicable diseases child has had:

Has he/she had any recent illness? NO  YES  - If YES:

Attach Immunization record or record the dates in attached immunization schedule

**I authorize Three R’s Academics to obtain the following services for this child as necessary: Physician and/or Ambulance in the event of an emergency.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signature of Parent/Guardian Signature of Coordinator**

### HEALTH HISTORY FOR (child 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HISTORY OF COMMUNICABLE DISEASES: Please indicate if \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has had any of the following:

Chicken Pox  Mumps  Measles  Whooping Cough  Rubella (German Measles)  Hepatitis B

Has this child any known health problems or depressed immune system?

NO  YES  - If YES, attach documentation.

List communicable diseases child has had:

Has he/she had any recent illness? NO  YES  - If YES:

Attach Immunization record or record the dates in attached immunization schedule

**I authorize Three R’s Academics to obtain the following services for this child as necessary: Physician and/or Ambulance in the event of an emergency.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signature of Parent/Guardian Signature of Coordinator**

### HEALTH HISTORY FOR (child 3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HISTORY OF COMMUNICABLE DISEASES: Please indicate if \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has had any of the following:

Chicken Pox  Mumps  Measles  Whooping Cough  Rubella (German Measles)  Hepatitis B

Has this child any known health problems or depressed immune system?

NO  YES  - If YES, attach documentation.

List communicable diseases child has had:

Has he/she had any recent illness? NO  YES  - If YES:

Attach Immunization record or record the dates in attached immunization schedule

**I authorize Three R’s Academics to obtain the following services for this child as necessary: Physician and/or Ambulance in the event of an emergency.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signature of Parent/Guardian Signature of Coordinator**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 4-6 years of age | 1st visit-2months | 2nd visit-2months after 1st visit | 3rd visit-2months after 2nd visit | 4th visit-12 months of age | 5th visit-12 months after 3rd visit |
| □Diphtheria | □Diphtheria | □Diphtheria | □Diphtheria | □Measles | □Diphtheria |
| □Pertussis | □Pertussis | □Pertussis | □Pertussis | □Mumps | □Pertussis |
| □Tetanus | □Tetanus | □Tetanus | □Tetanus | □Rubella | □Tetanus |
| □Polio | □Polio | □Polio | □Polio | □Meningococcal C | □Polio |
|  | □Haemophilus Influenza Type b(Hib)  □Hepatitis B  □Pneumococcal | □Haemophilus Influenza Type b(Hib)  □Hepatitis B  □Pneumococcal | □Haemophilus Influenza Type b (Hib)  □Hepatitis B  □Pneumococcal |  | □Haemophilus Influenza Type b (Hib)  □Measles, Mumps, Rubella  □Pneumococcal  Other Immunizations: |

**Basic Schedule and Record of Immunization as submitted by Parent or Guardian**

**(ATTACH IMMUNIZATION RECORD OR RECORD THE DATES)**

**WHO ARE WE**

**WELCOME TO THREE R’s ACADEMICS**

I would like to introduce our program to the community.

The numeracy and literacy camp and programs are developed for elementary level children. The focus is Math and Language. Where we will be building on these skills, exploring different areas and incorporating fun in these learning areas. Our camps and Homework club are non-traditional. We use various methods to assist and support students, which are not necessarily done in the classroom settings. We go back to basics and foundations and hence ‘Three R’s.’ Remember reading, writing, arithmetic (rithmetic)?’ Yes, it never became redundant, the name just expanded over time. Without these foundational and fundamental elements of learning, there is not much getting ahead. So here we are! We want to meet your children, support them, encourage strengthening their abilities, motivate them, and guide them. Whatever the needs, we are here to help.

The Saturday Boost is a half day program every Saturday of the month to support enhancing knowledge and skills in Math or Language lessons. The winter camp is a more leisure program that runs in the winter holiday weeks, with the option of day to day attendance. Spring camp mixes light lessons with games, and alternate between literacy and numeracy on different days of the week during March/Spring Break. Summer camp is a full program with a mixture of lessons, games, activities in Math and Language for the weeks of summer break. The after school program is our Homework Club for academic help, which runs Monday to Fridays in the evenings. For more details and information on our programs, please call or email [threers20@outlook.com](mailto:threers20@outlook.com)/905 580 9676. You can also check out our website for more details on our camp at www.threersacademics.ca. The registration package must be completely filled out and

returned with registration fee.

Our summer camp conducts a more extensive combination of Math and Language activities. We try to tailor the program as best as we can. Children will be advancing to their next grade level in the following Term. Therefore, we will work with their already known skills, introduce some new learning skills and get them familiar with some they may see in their new grade; while still having fun.

**WHAT WE WILL DO AT OUR PROGRAMS**

* Children will interact and take part in various numeracy and literacy games and activities.
* Worksheets will sometimes be done in both Math and Language, by grade level.
* No we haven’t forgotten about Fun!!! Children try out their skills and knowledge in friendly team sparring. There are prizes and goodies to be won!!
* There are also individual “test my limit” to encourage children to show their optimal!
* Children will have the opportunity to obtain their own library card (if they don’t currently have one). We will learn how to look for books by category, subject and title. Children will also learn to use the search engine and then locate books.
* There will be many group activities and games because collaboration is key in learning in professions and in the world at large
* The group will generally be divided into two age ranges (5-7 and 8-10). Your early years child will become more familiar with numbers, counting, patterning and sequencing, alphabet, letter sounding, writing and reading. Your junior years child will build on the foundational things. They will practice addition, subtraction, multiplication, division, time, money, fraction, reading, comprehension, spelling, and writing. As well, there are many subjects and areas that will overlap for both groups, based on grade level.

**COST**

The cost for Spring Camp is 350+ tax for the week. This cost includes a “health conscious” LUNCH ONLY. Camp runs 08:00 am-4:00 pm Monday to Friday. There may be transportation shuttle from and to home at an extra cosy, for Halton region.

The cost for Winter Camp is $55.00 + tax per day. Children must bring their own lunch and snacks. Parents drop off and pick up. Time is 08:00-4:00 pm daily.

The cost for summer session is $400.00+ tax per week per child. This cost includes a “health conscious” daily lunch and 2 snacks, a camp water bottle, cap, natural sun protection for skin. Feld trips throughout the summer are an extra cost, and parents/guardians will be notified of dates and times ahead . This camp’s time is 09:00 am to 4:00 pm daily. Shuttle to and from camp may be available at an extra cost. See website for more details.

After school (Homework Club) runs from 3:30 pm to 6:30 pm and is $450.00 + tax a month or $145.00 + tax per week. Homework Club runs Monday to Friday. Children are shuttled from school to our programs and picked up by parents at 6:30 pm. A light snack is included.

Please note that there is a non-refundable $20 fee per child for registration in order to secure spots for our programs. Check our website or calendar for registration dates and program start dates.

In the event that your child becomes ill and misses a week of any program where applicable, there is a full refund per whole week (5 days) missed. Medical/doctor’s letter is required. Refunds are ONLY based on illnesses/medical emergency of the child. If your child misses program days, there are NO refunds. Payments can be made to ‘Three R’s Academics.’ Please make every effort to pick up your children on time to avoid late fees. Late fees are $5.00 per every 10 minutes. Upon registration completion and return with fees, parents will receive confirmation of enrolment. Please read application carefully, and note all criteria and stipulations before completing, signing and returning. PLEASE NOTE THAT IF CAMP IS CANCELLED DUE TO UNFORSEEN GLOBAL EVENTS, this is the only exception where a full refund will be offered to parents, without clauses.

We will do our best to provide a “no nuts” environment but there is no guarantee that meals have not come in contact with nuts and nut products. Parents need to ensure that they have disclosed all pertinent information regarding any medical diagnosis or food allergies their child may have, in order for staff to know what cautionary measures to take and put in place. Please speak to the coordinator if there are any concerns regarding allergies. There is a one hour lunch period in our full day programs. Parents can speak to the coordinator about any special diet or dietary needs for their children.

Parents, please note that if your child is unsafe to self or others, and is inappropriate for the setting, there will be a conversation with parents and possibly termination of his or her PROGRAM attendance. Rules of programs and staff direction must be followed by all participants for their safety. Please note that any child or children who are deemed to be “at risk” will be reported to CAS by obligation. If a child must be removed from the program environment due to safety reasons, parent or guardian will be called and notified immediately.

If a participant becomes ill at any program for any reason, they will be isolated until proper assessment can be done. This may warrant calling medical services to our location or transferring the child to where they can receive medical care. This same procedure will be followed if a child is injured while attending any of the programs. It will be determined by a medical professional how to proceed with medical care. All procedures outlined in registration documents will be followed and parents/guardians will be notified.​ Parents may need to pick up their child as well. CHILD/CHILDREN MUST NOT ATTEND PROGRAMS IF THEY ARE ILL. If a child experiences an acute illness while attending any of the programs, we will proceed as outlined above. If however, your child could experience an exacerbation of a present or past diagnosis, please ensure that all information, protocols, and treatment are included on registration form and provide staff with the necessary items for treatment. Please ensure that EpiPens and other emergency treatment are readily available, up to date; and staff is made aware of it being on the child. Please thoroughly read the sections on refunds for illnesses, the immunization process, medical conditions, allergies and medical procedures on the registration form. We will make every effort to ensure that your children have a safe and enjoyable experience in any of our programs at Three R's Acadenics.

Mail registration and all necessary accompanying forms to the address below or drop off in person.

For any concerns, questions or for more information please call, text or email:

[threers20@outlook.com](mailto:threers20@outlook.com)

Office: 289 813 8325

Mobile: 289 242 4353

Mail: Three R’s Academics

2030 Bristol Circl, suite 210

Oakville, Ontario

L6H 0H2

**Please print your name and sign in the space provided. By signing this document you acknowledge that you have read, understood and agree to the preceding information and guidelines of Three R’s Academics policies and procedures.**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Consent Form for Treatment of Minor Child**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize Three R’s Academics, and**

**whomever he/she may suitably designate, to administer necessary medical care to my**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Names of Children: Gender: DOB:**

**1)**

**11)**

**111)**

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

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witnessed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permission to Photograph**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for Three R’s Academics to photograph my child/children;**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**11)** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**111) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For the following purposes:**

|  |  |  |
| --- | --- | --- |
|  | **(Please check one)** | |
| **Type of Use:** | **Grant Permission** | **Decline Permission** |
| **Display in programs’ literatures and reading materials** | **□ □**  **□ □**  **□ □**  **□ □**  **□ □** | |
| **Use in programs’ advertisements, marketing materials/programs** |
| **Display in programs’ facility, bulletin boards, shown to current and prospective customers, investors, stakeholders and sponsors** |
| **Display still photos on program’s website** |
| **Post photos on programs’s Facebook, Instagram and Twitter and other social pages** |
| **Other:** |
|  |
| **Videos** |
| **Show or give video to current parents** | **□ □** | |
| **YouTube promotional video** | **□ □** | |
| **Other:** | **□ □** | |
|  |  | |
| **OTHER (please list)** | | |
|  | **□ □** | |
|  | **□ □** | |

**Only first names and possibly last initials will be displayed on the website.**

**I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during and possibly beyond the periods of my child/children enrollment.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
|  | **Three R’s Academics Waiver and Release Form** |  |
|  | **Consideration:** I acknowledge the personal benefits accruing to my child by reason of participation in the Three R’s Academics programs and am aware of the activities which my child will be involved in through said participation.  **Release / Indemnification:** I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue Three R’s Academics and programs locations, its directors, employees, agents, volunteers, and affiliates from any and all present or future liability, claims, demands, actions or rights of action, whether asserted by me or a third party arising out of my child's participation in the event activities (the "Claims"). I agree to indemnify and hold harmless THREE R’S ACADEMICS and programs’ locations for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.  **Assumption of Risk:** I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death; that may result from participation in event activities.  **Medical Emergency:** In the event of an injury or medical emergency, I understand that the staff or director will be responsible for the medical care of all attendees. It will be the staff responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians of minors. I release Three R’s Academics from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee’s participation in all Three R’s Academics programs and activities.  **Technology Camp Authorization Addendum:** I acknowledge that during my child's participation in any camp or programs certain risks do exist. These include, but are not limited to, the hazards of handling electronics, tools, general outdoor and indoor physical activities, and risks associated with access to the Internet (viruses/malware). In consideration of this acknowledgement, I voluntarily have and do hereby, assume all risks associated with my child’s participation in all program activities.  **Understanding:** I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a mediation organization for binding resolution.  CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **MONTH/DATES 2024** | | | | | | |  |  |
| **Participant’s name** | **Tick the week or weeks you would like to enroll your child/children** | | | | | | |  |  |
|  | **Monday July 2- Friday July 5** | **Monday July 8- Friday July 12** | **Monday July 15- Friday July 19** | **Monday July 22- Friday July 26** | **Tuesday July 29- Friday August 2** | **Monday August 5 Friday August 9** | **Monday August 12- Friday August 16** | **Monday August 19- Friday August 23** | **Monday August 26 -Friday August 30** |
|  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |

**Parent’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sign:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REGISTRATION PACKAGE CHECKLIST**

Please ensure the following are completed and signed where indicated before returning forms:

1. **and Application/Registration form**
2. **Child Health Record and immunization record**
3. **Allergy form**
4. **Health and Medical care form signed by parent/guardian**
5. **Consent form for treatment of a minor child**
6. **Photo and Publicity Consent Form**
7. **Information Sharing Consent signed by parent/guardian**
8. **Parent agreement**
9. **Camp waiver and release form**

1. **Dates registering for**
2. **Check, bank draft/money order, transfer or online payment of $20 registration fee**