

# The College of the Florida Keys Adventure Camp Registration Packet

Camper ID: \_\_\_\_\_

Registered: \_\_\_\_\_



**SUMMER**  
**ADVENTURE CAMPS**  
**LEARN. HAVE FUN. GROW.**

CFK Adventure Camp

5901 College Road

Key West, FL 33040

Phone: 305-296-9081

Email: [Summercamps@cfk.edu](mailto:Summercamps@cfk.edu)

This document must be completed prior to enrollment in any summer camp. Please use the camper's information for registration documents and applications.

Instructions for camper application and registration:

1. Fill in and complete the information in the fields below.
2. Drop off completed packet on-campus (Building B, room 206) or email it to [summercamps@cfk.edu](mailto:summercamps@cfk.edu).

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### *Contact and Profile Information*

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Camper's Full Name: \_\_\_\_\_

Camper's Preferred Name: \_\_\_\_\_

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

City/State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Citizenship Status (circle one): US Citizen – Non-resident Alien – Permanent Resident Alien – Unknown/Not Reported

Gender: \_\_\_\_\_

Ethnicity (circle one): Hispanic/Latino – Non-Hispanic/Latino

Race (circle one): Asian – Black or African American – Native Hawaiian or Other Pacific Islander – White

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*Permissions*

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I understand and agree that if I am signing this form on behalf of my minor child, that: (i) I will be giving up the same rights for the minor as I would be giving up if I signed this document on my own behalf, and (ii) I personally represent and warrant that I am authorized to sign the form on behalf of the minor.

Custodial Parent / Legal Guardian ("Guardian") Contact 1 Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  I would like to receive notifications from CFK via text  
E-mail: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Permission to pick up child:                      Yes                      No

Custodial Parent / Legal Guardian ("Guardian") Contact 2 Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  I would like to receive notifications from CFK via text  
E-mail: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Permission to pick up child:                      Yes                      No

Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  I would like to receive notifications from CFK via text  
E-mail: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Permission to pick up child:                      Yes                      No

Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  I would like to receive notifications from CFK via text  
E-mail: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Permission to pick up child:                      Yes                      No

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*Consent and Medical Information*

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Guardian, in consideration for Camper's participation in the Camp, certifies that Camper is in good health and does not have any health impairments or conditions that would be aggravated by attendance or participation in Camp or that make such attendance or participation unsafe or otherwise inappropriate for Camper. Camper has permission to engage in all camp activities and should Guardian believe that Camper, due to their health impairments or conditions, be unable to safely participate Guardian shall not permit Camper to participate and shall notify the College. I, Guardian, acknowledge and assume any and all financial responsibility for any cost of health care, including transportation, for Camper that may occur during Camp.

I (the undersigned Guardian) understand:

- If Guardian is uncertain about any pre-existing medical conditions, it is Guardian's responsibility to consult with Camper's physician prior to Camper's participation in Camp.
- Any pre-existing medical condition that could worsen during strenuous activities or recreational time may preclude Camper from participating. Guardian agrees to notify the College of any changes in Camper's mental, physical, or medical condition prior to Camper's scheduled camp session.
- Guardian understands that Camper may not be able to participate in activities should any health issue(s) arise during Camp. Guardian understands that, if Camper chooses to participate in activities, he/she does so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of Guardian and Camper.

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*Health History*

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Please check the appropriate boxes and provide an explanation below, as necessary. Some camps may require medical clearance prior to participation. The College recommends that parents/guardians consult with their primary physician before sending their child to the CFK Summer Adventure Camp.

- Asthma or wheezing with breathing or wheezing with exercise
- Frequent or severe attacks of hay fever or allergy
- Frequent colds, sinusitis or bronchitis
- Any form of lung disease or heart disease Chest disease or surgery
- Behavioral health, mental or psychological problems
- Epilepsy, seizures, convulsions or take medication for prevention
- Recurring migraine headaches or take medication
- Ear disease or surgery, hearing loss
- Ever suffered heat exhaustion or heat stroke
- Blackouts or fainting
- Frequent or severe suffering from motion sickness
- Dysentery or dehydration requiring medical intervention
- Inability to perform moderate exercise (walk 1 mile in 12 mins)
- Head injury with loss of consciousness in the past 5 years
- Recurrent back problems or back or spinal surgery
- Diabetes
- Recurrent ear problems
- Bleeding or other blood disorders
- Allergies to medication, stings, plants, food etc.

Please list any other conditions or restrictions that camp staff should be aware of: \_\_\_\_\_

Please list any known allergies: \_\_\_\_\_

My child is in good health and does not have any health impairments or conditions that would be aggravated by attendance or participation at the College's camps or that make such attendance or participation unsafe or otherwise inappropriate for my child, or other participants. I further certify that my child does not currently have upper respiratory disease or illness (e. g. colds, flu, etc.), my child is not on medication that suppresses immune function or

has the possible side effects that would interfere with the camp(s), and that my child does not have open sores, open wounds, cuts, abrasions, skin irritations, or other outward signs of illness.

The health history is correct and my child has permission to engage in all camp activities.

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*Consent and Release for Medical Treatment*

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I, the parent/guardian of \_\_\_\_\_, a minor, in consideration for my child's participation at the College of the Florida Keys' Summer Adventure Camp including all associated activities and field trips (collectively called "the Camp"), agree to authorize Medical Treatment (the "Consent") for my child with CFK, and their employees and agents.

I acknowledge that there is a risk of complications and unforeseen consequences in any medical treatment, and I **agree to assume such risk** on behalf of myself and my child. My child is in good health and does not have any health or mental/physical or conditions that would be aggravated by attendance or participation at the Camp or that make such attendance or participation unsafe or otherwise inappropriate for my child. I acknowledge that any health history I have or my child has provided is correct to the best of my knowledge.

I also authorize any licensed physician, emergency medical technician, paramedics, nurses, hospital or other medical health care facility or provider ("Medical Provider") to provide medical care to my child for any illness, injury, and/or condition that occurs, manifests or arises at the Camp. I further authorize any such Medical Provider to perform all procedures or services deemed medically advisable to treat or relieve or attempt to treat or relieve, any illness, injury, and/or condition.

I will assume the financial responsibility for any cost of health care including transportation for my child that may occur during this camp.

I understand and acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this Camp. By signing my name, I (Custodial Parent or Guardian) have provided all pertinent medical information to the College of the Florida Keys pertaining to my child's medical, mental and physical condition and that it is accurate and complete.

I agree to notify The College of the Florida Keys of any changes in my child's mental, physical, or medical condition prior to my child's scheduled camp session.

**Medical Insurance – In case of emergency, this information will be provided to the appropriate medical personnel.**

Primary Insured \_\_\_\_\_

Insurance Company \_\_\_\_\_

Group ID \_\_\_\_\_

Policy Number \_\_\_\_\_

Insurance Company Phone # \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

By revealing or disclosing the above medical information it may be used by The College of the Florida Keys personnel or employees to determine my Child's ability to participate safely in activities. I understand that my child may not be

able to participate in activities should any health issues arise during their time at camp. I understand that, if my child chooses to participate in activities, he/she do so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself and my Child. If hospitalization is required, the camper will be chaperoned by at least one College of the Florida Keys employee of the same gender. The College will not administer any medications including over the counter medications to your child.

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### *Financial Responsibility Statement*

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#### *Registration and Registration Changes*

I am responsible for knowing and complying with any and all registration deadline dates. Any activity I conduct through my camper's student account indicates my agreement to the applicable terms and conditions. I am responsible for all requests to change, add, drop, or withdraw course registration made by an CFK employee on my behalf. I understand that I am responsible for reviewing my registration for accuracy.

#### *Financial Liability Statement*

I agree to pay all CFK camper account balances and charges pursuant to CFK policies. I understand that the college is advancing value to me in the form of education services, and that my right to register is expressly conditioned upon my agreement to pay camp costs. It is my responsibility to view and pay fees by established fee due deadlines. It is my responsibility to pay my camper account balance by credit (debit) card over the phone, or at the office of Business Services located at Key West main campus. A delinquent student account balance may be reported to a credit bureau and/or referred to collection. I agree to pay any cost associated with the collection of unpaid charges, including collection fees up to 30.0% of the total past due balance or reasonable attorney fees and court costs associated with the collection, including those incurred upon appeal. This agreement shall be governed by the laws of the state of Florida, and I hereby stipulate, agree, and consent to any court of competent jurisdiction in Monroe County, Florida exercising personal jurisdiction over me in any lawsuit brought by CFK, or its agents, to collect any and all unpaid fees and other charges and assessments, regardless of my domicile at the time of such action.

#### *Communications*

I understand that emails from CFK are primary and official means of communication and serve to provide the means for delivering the College's official notices. I am responsible for reading the information and notices that are sent to me through email. I further acknowledge and understand that CFK and/or third parties may contact me regarding outstanding debt via my CFK email, regular mail, home and mobile phones. By accepting and agreeing below, I consent to CFK and/or third parties doing so.

#### *Course Add/Drop and Withdrawal Procedures*

I understand that non-attendance does not constitute a withdrawal. I also understand that notifying my instructor does not constitute a withdrawal. If I drop my camper's course(s) prior to deadline, my tuition and fees will be refunded in accordance with CFK refund procedures. If I withdraw from my course(s) after the refund deadline, I understand that I am financially obligated to pay for the total cost of the course.

#### *Void for Non-Payment*

I understand if I do not pay my camper account balance by posted fees due deadline I may be dropped from camp(s). By being dropped from camp(s) I understand I may not be able to re-register for the same courses unless there is a seat available. I am responsible for paying a reinstatement fee and agree to pay fees due the day I reinstatement my camp registration(s).

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## *Code of Conduct Agreement*

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All participants in the Camp are expected to act in a responsible and courteous manner at all times. If a behavior problem arises, staff will first discuss the problem with the Camper. If the problems are severe, Guardian will be contacted to discuss the problem and if not resolved, the Camper may be asked to leave the program. If the problem continues, the Camper may forfeit participation in future program activities at the Camp. The Camp will not issue refunds to participants that are asked to leave the program. Campers may not be able to complete the rest of the Camp session depending on the behavioral misconduct. A refund will not be given for any portion of the Camp session. Examples of behavior that may result in a participant leaving a program include but are not limited to:

- Angry or vulgar language.
- Destruction of property.
- Name calling or put downs.
- Physical contact with another person in a threatening way.
- Any demonstration of sexual activity or sexual contact with another person.
- Harassment or intimidation with words, gestures, body language, or other menacing behavior.  
Behavior which intends to or results in the theft or destruction of property.
- Possession or use of any illegal substances.
- Any form of bullying including emotional or physical.

Behavioral guidance will be used to redirect misbehavior through conflict resolution. Campers may be dismissed for a day or more if:

- Persistent behavioral problems are not resolved.
- Abusive behavior is demonstrated.
- Weapons or illegal substances violation occurs.
- A breach of the camper Code of Conduct occurs.

I, the undersigned Guardian, have read and understand the Code of Conduct statement and have discussed the same with Camper. Guardian and Camper agree to the Code of Conduct and agree to the terms and understand that no refund will be provided for any portion of Camp if Camper is dismissed.

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*Publicity Consent and Release*

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I hereby grant to the College of the Florida Keys, CFK Summer Adventure Camp and its affiliates and assigns (collectively "the College") permission to copyright, use, reuse, publish, and republish photographic portraits, pictures, video and/or sound recordings of my likeness or voice, including those in which I may be included, in composite or distorted character or form, without restriction as to changes and alteration, in conjunction with my own or a fictitious name, or reproductions thereof, in any media now or hereafter known for illustration, promotion, art, advertising, trade, or any other purpose whatsoever. I waive any right that I may have to inspect or approve the finished product, advertising copy or other materials that may be used in connection therewith.

I release, discharge and agree to save harmless, the College from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form, whether intentional or otherwise, that may occur in the taking of the photographic portraits, pictures or videos, or in any subsequent processing or publication. I represent and warrant that any statements made by me are true, to the best of my knowledge, and they will not violate or infringe upon the rights of any third parties.

Unless the Consent on Behalf of Minor form below has been signed, I hereby warrant that I am over age 18 and have the right to contract in my own name. I have read and understood this Publicity Consent and Release form.

Do you object to the College of the Florida Keys releasing directory information concerning your camper?  
\_\_Yes \_\_No

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*General Terms and Conditions*

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I (The undersigned) understand:

It is recommended that you consult with a physician prior to your child in participating the CFK Summer Adventure Camp.

The College of the Florida Keys requests the information provided in this registration packet will have accurate information so that we can provide and/or seek appropriate treatment in case of emergency.

This information will be kept in strict confidence and will only be shared with your permission.

The information requested on this form is intended to help inform staff of any pre-existing medical conditions.

If you are uncertain about any pre-existing medical conditions, it is your responsibility to consult with your child's physician prior to your child's participation in this camp.

Any pre-existing medical condition that could worsen during strenuous activities or recreational time may preclude your child from participating.

The undersigned is solely responsible for providing an accurate medical history. Please add any additional information you deem necessary.

If you must pick up your child at any other time than the normal dismissal time, please inform the Camp Director as possible. Campers will need to be signed out by a parent or guardian.

**Drop off procedures:** Parents/guardians and campers will check in with the Camp Instructor each morning between 8:30 - 9:00am. Parents/guardians must sign in their child each day.

**Pick up procedures:** Parents/guardians must sign out their child each day between 4:15 - 4:30pm. Parents/guardians must sign out their child each day. **Photo identification is required. Only individuals listed on page one can pick up the child.**

**Meals:** Each camper is responsible for bringing their own lunch, water bottle, and snacks each day. It is recommended that campers bring a bagged lunch and water bottle each day. Refrigerators, microwaves, ovens, etc. are not available.

Custodial parents and/or legal guardians should recognize that The College of the Florida Keys does not provide accident/medical insurance for camp participants. In the event of illness or injury requiring treatment, hospitalization, or surgery, family medical insurance will be used. The parent and/or legal guardian will assume responsibility for payment of any illness or injury requiring treatment, hospitalization, or surgery and any other costs associated with treatment including but not limited to transportation.

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*Waiver, Release & Hold Harmless Agreement*

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In consideration of permission granted by the College allowing Camper to participate in Camp, Guardian, on behalf of Guardian and Camper, and their heirs, assigns, and any other person claiming by, under or through Guardian or Camper releases, waives, and covenants not to sue, and further agree to indemnify, defend and hold harmless the College, with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense, including court costs and reasonable attorney's fees of any kind or nature ("Liability") which may arise out of, result from, or relate to Camper's participation in the Camp, including claims for Liability caused in whole or in part by the negligence of the College. Guardian further agrees that if, despite this document, Guardian, or anyone on Camper's behalf, make a claim for Liability against the College, Guardian shall indemnify, defend, and hold harmless the College from any such Liability which any may be incurred as a result of such a claim.

Further, Guardian and Camper represent, covenant and agree, on behalf of Guardian, Camper, and their heirs, assigns, and any other person claiming by, under or through them, as follows:

1. Acknowledge that participating in the Camp involves certain risks (some of which may not be fully appreciated) and that injuries, death, property damage, or other harm could occur to Camper or others. Guardian and Camper accept and voluntarily incur all risks of any injuries, damages, or harm which arise during or result from



participation in the Camp, regardless of whether or not caused in whole or in part by the negligence or other fault of the College.

2. Waive any and all claims against any of the College for any injuries, damages, losses or claims, whether known or unknown, which arise during or result at any time from participation in the Camp, regardless of whether or not caused in whole or part by the negligence or other fault of any of the College. Guardian releases and forever discharges the College from all such claims.
3. Agree to indemnify and hold the College harmless from all losses, liabilities, damages, costs, or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred by the College as a result of any claims or suits that Guardian and Camper (or anyone claiming by, under or through Guardian and Camper) may bring against any of the College to recover any losses, liabilities, costs, damages, or expenses which arise during or result from Camper's participation in the Camp, regardless of whether or not caused in whole or part by the negligence or other fault of any of the College.
4. Guardian has carefully read and reviewed this packet, understands it fully and executes it voluntarily.

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### *Travel Release*

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I, \_\_\_\_\_ on behalf of myself as parent/guardian of \_\_\_\_\_ ( the “Participant”) acknowledge that as a Participant in the CFK Adventures Camp (the “Camp”), the Participant may engage in, among other things, recreational activities, classroom projects and craft projects, as well as participate in periodic field trips to an off-site location in which the Participant will be transported via CFK vehicle or rental. I agree to assume all risks and liabilities associated with Participant's participation in the Camp and to hold the College of the Florida Keys, its Board, Trustees, officers, agents, contractors, and employees (collectively “CFK”) harmless from any and all claims, causes of actions, losses, or damages arising from or as a result of Participants participation in the Camp, except due to the negligence or wrongful act or omission of CFK.

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### *COVID-19 Considerations*

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The Centers for Disease Control (CDC) released guidance in May 2021 that fully vaccinated people can resume activities without wearing a mask or physically distancing, with some exceptions. You can review the update here: [When You’ve Been Fully Vaccinated](#).

Based upon these guidelines, **masks are now optional rather than required for students, employees, and visitors** regardless of their vaccination status. Additionally, there are no longer any physical distancing restrictions or capacity limits for indoor spaces.

Protection, Prevention, and Treatment:

The coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. Symptoms range from mild to serious and include fever, cough and difficulty breathing. There are simple everyday preventive actions to help prevent the spread of respiratory viruses.

Here are some tips from the CDC to reduce your chances of becoming ill:

- Get vaccinated! Everyone 12 years of age and older is now recommended to get a COVID-19 vaccination. Get a COVID-19 vaccine as soon as you can. Widespread vaccination is a critical tool to help stop the pandemic. [Click here to find vaccine options near you.](#)
- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Wash your hands frequently to help prevent the spread of respiratory viruses, including COVID-19. Carry and use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Cover your cough or sneeze with a tissue, then dispose of tissue immediately.
- Clean and disinfect frequently touched objects and surfaces.
- Stay home if you are sick.

- If you are experiencing a fever, cough and/or difficulty breathing, contact a healthcare professional to determine whether testing or treatment is needed.
- More details on preventing coronavirus disease are available at the [Centers for Disease Control and Prevention](#).

### Enrollment

Payment is required at the time of enrollment. Campers can receive a full refund for camp up until one week before the designated camp session start date. Campers can enroll into camp sessions no later than 5 days before the first day of the desired camp session. Space is limited, we encourage you to enroll your camper early on!

**Art Camp: Stories of the Reef \$175** - Discover your artistic capabilities while creating paintings, stories, sculptures and more! Specific activities may vary.

**Future Heroes \$175** - Explore a variety of public safety careers in just one week! Campers will participate in a simulated investigation and learn how police officers, EMTs, firefighters, and nurses help keep the community safe. Campers will practice CPR and take a tour of the vehicles and organizations that serve and protect us.

**Tropical Hobbyist \$225** - Through hands-on interactions in College labs, campers will learn about working with marine ornamental fish and what it takes to raise aquarium fish. They will investigate live feeds, water quality, and basic tank care and maintenance. Campers will get to build and take home their own aquarium!

**Young Writers Institute \$175** - Put your mind and imagination to work! Campers will learn the craft of writing fiction, poetry, drama, and short stories.

**STEM Robotics Camp**- Campers will have a nautical STEM experience, by creating remotely operated marine vehicles. Curriculum will include learning electrical and mechanical systems of robots; learning about microprocessors; basic coding, and marine data collection. **Please note that this camp has limited availability for Middle & High School Students ONLY**

Place an X in the box to the right of each camp session(s) that you would like to register for.

**\*Please note that some camp sessions are at capacity.**

Week	Camp for children ages 7-11 <b>OR</b> 12-15.	
June 13 - 17	Jr. Art Camp (7-11) <b><u>WAITLIST ONLY</u></b>	<input type="checkbox"/>
June 20 - 24	Jr. Art Camp (12-15) <b><u>WAITLIST ONLY</u></b>	<input type="checkbox"/>
June 27 – July 1	Future Heroes Camp (7-11) <b><u>WAITLIST ONLY</u></b>	<input type="checkbox"/>
July 11 - 15	Jr. Tropical Hobbyist (7-11) <b><u>WAITLIST ONLY</u></b>	<input type="checkbox"/>
	Young Writer’s Institute (7-15)	<input type="checkbox"/>
July 18 - 22	Teen Tropical Hobbyist (12-15)	<input type="checkbox"/>
	Jr. Art Camp (7-11) <b><u>WAITLIST ONLY</u></b>	<input type="checkbox"/>
	STEM Robotics Camp <b><u>Middle &amp; High School ONLY</u></b>	<input type="checkbox"/>
July 25 - 29	Jr. Tropical Hobbyist (7-11)	<input type="checkbox"/>

I understand the terms and conditions listed in this packet including the Consent and Medical Information, Health History, Consent and Release for Medical Treatment, Code of Conduct, Publicity Consent, General Terms and Conditions, Waiver, Release and Hold Harmless Agreement, Travel Release, COVID-19 Considerations, and Enrollment.

By registering for Camp, I understand and agree that I am registering for camp sessions and am responsible for the payment of all tuition and fees by the established due dates in the camp procedures, unless I drop the sessions during the refund period. If my account becomes delinquent, I will be responsible for paying the College all past due amounts/service charges and any associated collection agency fees up to a maximum of 30% of the account balance, reasonable attorneys' fees, cost and expenses incurred by the College in its collection efforts. I agree to give the College and its agent's permission to contact me on my home or mobile phone, e-mail address, and mailing address. By signing below, I am entering into a legal and binding contract with The College of the Florida Keys and I hereby acknowledge that I have read and understand the Terms and Conditions of this registration agreement.

**I have read, I understand, and agree to the terms above.**

Parent / Legal Guardian Name: \_\_\_\_\_

Parent / Legal Guardian Signature: \_\_\_\_\_

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