

The College of the Florida Keys Adventure Camp Registration Packet



CFK Adventure Camp
5901 College Road
Key West, FL 33040
Phone: 305-296-9081
Email: Summercamp@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 registration:

1. Repeat campers - please complete this entire packet and drop it off or e-mail it to summercamp@cfk.edu.
2. New campers - please create an account using the camper's information and then complete an application here: <https://fkcc.elluciancrmrecruit.com/Apply/Account/Login>. You will also need to complete this packet and drop it off or email it to summercamp@cfk.edu.

Camper Name ("Camper"):

Camper Age (as of June 1, 2021):

Contact Information and Permissions

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:

Relationship:

Permission to pick up child: Yes No

Custodial Parent / Legal Guardian ("Guardian") Contact 2 Name:

Cell Phone:

Relationship:

Permission to pick up child: Yes No

Name

Cell Phone:

Relationship:

Permission to pick up child: Yes No

Name:

Cell Phone:

Relationship:

Permission to pick up child: Yes No

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Consent and Medical Information

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.

Health History

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.

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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.

Consent and Release for Medical Treatment

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.

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

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medications to your child.

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 _____

Code of Conduct Agreement

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

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.

General Terms and Conditions

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 that the normal dismissal time, please inform the Camp Director as possible. Campers will need to be signed out by a parent or guardian.

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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.

Waiver, Release & Hold Harmless Agreement

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

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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.

Travel Release

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 Participant's participation in the Camp, except due to the negligence or wrongful act or omission of CFK.

COVID-19 Considerations

I affirm that I understand the symptoms of COVID-19 (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>) and will agree to follow and practice the following requirements to ensure the health and safety of myself, my child, and others:

Please review the information below with your child.

- A facemask must be worn at all times, including outdoors.
- Participants must practice social distancing and remain at least 6 feet from others.
- Participants must wash their hands regularly, and follow CDC guidance for slowing the spread of the COVID-19 virus <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>.
- Participants must report COVID-19 symptoms they may have before entering any CFK building.
- If a camper tests positive for COVID-19, and must be quarantined prior to the first day of camp, the parent/guardian must submit a written request for a refund to summercamp@cfk.edu prior to the first day of camp. Test results may be required.
 - There are no other exceptions to the refund policy.
- Parents will follow the CDC guidelines regarding quarantine <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html#:~:text=Watch%20for%20symptoms%20until%2014,the%20spread%20of%20COVID%2D19.>

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!

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

Code Breakers I \$225 - Discover the basics of computer programming, coding, and design using a Raspberry Pi. Campers will build and take home their own tiny computer capable of internet surfing, playing games, and more.

Code Breakers II \$225 - Discover advanced computer programming, coding, and design using a Raspberry Pi2. Campers will add to their Raspberry Pi. Campers must have completed Code Breakers I prior to enrollment.

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

Week	Camp for children ages 7-11.	
June 7-11	Art Camp	<input type="checkbox"/>
June 14 – 18	Code Breakers I	<input type="checkbox"/>
June 21 – 25	Art Camp	<input type="checkbox"/>
		<input type="checkbox"/>
July 12 – 16	Code Breakers I	<input type="checkbox"/>
July 19 - 23	Code Breakers II	<input type="checkbox"/>
July 26 – 30	Art Camp	<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:

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