



Nantucket Community School

ENGAGING, STRENGTHENING & CONNECTING OUR COMMUNITY

ACKventure Day & Sports Camp Registration Form - 2018

Participant's Full Name: _____

Parent/Guardian's Name: _____

Mailing Address: _____

Home Tel #: _____ Cell #: _____

Email Address (REQUIRED): _____

<u>Name of Camp</u>	<u>Camp Dates</u>	<u>Total Due</u>
		\$
		\$
		\$
		\$
T-Shirt Size (ACKventure Full-Day & JR. Only) <input type="checkbox"/> Youth X-Small <input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large	One Time Registration Fee (Per Child Enrolled)	\$45
	Total Due:	\$

Payment Options

Cash Check Master Card Visa Money Order

Credit Card #: _____

Expiration Date: _____ / _____ Security Code: _____

Name on Credit Card: _____

Billing Address: _____

EMERGENCY CONTACT FORM

Child's Name: _____ M/F: _____ Age: _____
Date of Birth: _____ Grade in Fall: _____ School: _____

We are required to have the following information for EACH child enrolled in camp.

CONTACT INFORMATION

Primary Address: _____
Parent 1: _____ Day and/or Cell #: _____
Parent 2: _____ Day and/or Cell #: _____
Primary Contact: _____ Day and/or Cell #: _____
REQUIRED—Additional Emergency Contacts/Authorized Pick-Up Contacts - other than Parent
Name: _____ Day and/or Cell #: _____
Name: _____ Day and/or Cell #: _____

MEDICAL

Child's Physician: _____ Phone Number: _____
Child's Health Insurance Carrier: _____ Insurance Policy Number: _____

GENERAL HEALTH

HEALTH CONDITIONS / ALLERGIES / EMOTIONAL / BEHAVIORAL ISSUES

Surgery Recent Injury ADHD/ADD
Recurrent/Chronic Illness Fainting Asthma/Wheezing

Please note additional concerns or details below: _____

Is your child currently taking any medications? YES NO
Name of Medications: _____

I give permission for the designated camp staff member to administer the following:
Calamine Lotions Sunscreen Insect Repellent Acetaminophen (Tylenol) Benadryl
Ibuprofen (Advil) Sudafed All of the above None of the above

Does your child carry the following? INHALER EPI-PEN **If Yes, can they administer themselves?** YES NO

GENERAL INFORMATION - MUST COMPLETE

★ My child has permission to participate in swimming/aquatic activities. Assess your child's swimming abilities: Nantucket Community School (NCS) reserves the right to assess your child's ability prior to activity.
NON-SWIMMER (unable to swim/no swim instructor) INTERMEDIATE SWIMMER (average swim ability)
BEGINNER SWIMMER (some limited instruction) ADVANCED SWIMMER (skilled swimmer)

My child is comfortable swimming in: Pool Ocean

★ I give permission for my child enrolled in day camp to be transported by Nantucket Community School to participate in all Nantucket Community School program activities and related field trips _____.

★ NCS or NCS vendor periodically takes photographs of program participants for use in future marketing/publications. By initialing here, I indicate permission for my child's photograph to be used in future publications _____.

EMERGENCY MEDICAL AUTHORIZATION

In the event a student is injured or becomes ill while participating in a program offered through the Nantucket Community School the team member in charge will contact the participant's parent, guardian and/or emergency contact. However, if the parent, guardian and/or emergency contact cannot be reached, or if in the judgment of the staff, the illness or injury requires immediate attention, the Nantucket Community School is authorized to obtain such medical assistance as the team member in charge may deem necessary or proper, including, but not limited to appropriate medical treatment at Nantucket Cottage Hospital. In order to provide this authorization, this completed Emergency Medical Authorization Form must be submitted and on file with Nantucket Community School.

★ I/We, _____, the Parent(s)/legal guardian(s) of said child, _____, who is enrolled in the Nantucket Community School's program/class authorize the above child to be taken to Nantucket Cottage Hospital when the need for such treatment is immediate and efforts to contact me are unsuccessful. I acknowledge that I am responsible for all charges in connection with care and treatment rendered during this period.

★ Parent/Guardian Signature: _____ Date: _____



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Drop-off and Pick up Policy

The following information is important for the safety and protection of your child. Please read this information carefully and sign below.

- I understand that my child will only be released to the authorized individuals I have listed on the Emergency Contact Form. Any changes to this form must be done in person and in writing with a signature from a legal guardian.
- I understand that a state-issued photo ID is required at pick-up and may be requested at any time from me or any person authorized to pick up my child.
- I understand that my child will not be released to any person who appears to be under the influence of drugs or alcohol.
- I understand that I am not to leave my child at Nantucket Community School or related program sites unless a Nantucket Community School staff member or volunteer is there to receive and supervise my child.
- I understand that it is my responsibility to sign-in my child each morning and sign-out my child before leaving each afternoon.
- I understand that my child will not be allowed to leave the program with an unauthorized person.
- I understand that Nantucket Community School is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.



Parent/Guardian Signature

Parent/Guardian Printed Name

Date

Hold Harmless Agreement & Consents

I, _____, the parent/ guardian of minor child, _____, voluntarily enroll said child in the Nantucket Community School program and with enrollment, voluntarily consent to the Nantucket Community School's policies and hereby give permission for my minor child to participate in the registered programs.

I, _____ as the _____ parent/legal guardian of minor child listed above who is enrolled in the Nantucket Community School's program/class authorize that said child be taken to the Nantucket Cottage Hospital when the need for such treatment is immediate and efforts to contact me are unsuccessful. I acknowledge that I am responsible for all charges for treatment and subsequent care rendered during this period.

I, _____ as the _____ parent/legal guardian of minor child listed above, understand and agree to save and hold the Town of Nantucket, the Nantucket Public Schools, the Nantucket Community School, its agents, servants and employees, harmless from any liability in any way for any occurrence in my voluntary enrollment of myself or my child in this activity which may result in bodily injury, property loss or damage, death or other damages to me or my family, heirs or assigns. In consideration of voluntarily participating and being allowed to enroll my child in this activity, I hereby personally assume all risks for injury in connection with this course/program/activity. I understand that I will be financially responsible for any damage my child may cause in 2018 on any property of the Nantucket Public Schools, Nantucket Community School or any satellite program locations. I understand that my child may also lose the privilege of participating in all current and/or future Nantucket Community School programs.

I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms here in are contractual and not a mere recital; and that I have signed this document as my own free act. Furthermore, if registering for an activity that involves physical exertion, I state that I have consulted with a physician regarding my child's physical health. I affirm that my child is physically fit and I assume responsibility for the risk of injury to my child. I have fully informed myself of the contents of this affirmation and release by reading it before I signed it. By virtue of my signature below I attest that I have asked any and all questions and received satisfactory answers to any and all questions I may have had regarding this hold-harmless agreement.

In witness hereof, I have executed this affirmation and release at Nantucket, MA on the date listed below:



Parent/Guardian Signature

Parent/Guardian Printed Name

Date