



OCA SUMMER CAMP REGISTRATION FORM 2011

Camp is for school aged children 8-22

****If your child has never attended an OCA Event or Camp please contact Silvia Haas:shaas@goooca.org**

T-shirt Size: _____

**YMCA-Eastbrook
3510 Tourney Dr
Winter Park, FL 32792**

Camp Fees: One time family registration fee: \$50.00 Non refundable-must be submitted with completed application. Forms due by June 10, 2011

Parent Meeting: July 13, 2011 at the YMCA-Eastbrook at 6:30pm

**Mail forms to:
Silvia Haas
13648 Bluewater Circle
Orlando, FL 32828**

****This price includes all field trips and events**

**1 Camper: \$130.00 per week
2 Campers: \$190.00 per week
3 Campers: \$240.00 per week**

All camp fees are due: Friday, June 17, 2011: ** Make check payable to OCAIf you need to make a payment plan please let me know: shaas@goooca.org**

Camp Hours: 8:30-3:30

**Early Drop off or Late Pick up: \$15.00 per week
Both: \$25.00 per week**

Does your child require: Early drop off: 7:30-8:15 Late pick up: 3:30-5:00 Both

Please select which camp date(s) your child will attend:

- _____ July 18th-22nd-Space Week
- _____ July 25th-29th-Non Stop FUN Week
- _____ Aug 1st-5th-Mighty Jungle Week
- _____ Aug 8th-12th- Theater Week "OCA Presents...."
- _____ Aug 15th-18th - Water Mania Week—**This camp is only 4 days-cost \$120.00**

Camper's Name: _____

Address: _____

City: _____ **Zip Code:** _____

Date of Birth: _____ **Email address:** _____

Emergency Contact Name: _____

Phone Number: _____

Relationship to Camper: _____

Person responsible for Picking up Camper: _____

Health Insurance: Policy Name: _____ **Group Number:** _____

Allergies- Please List: _____

Current Medications: _____

Will Camper require medication during camp hours: _____ **When:** _____

Seizures: _____ **Duration:** _____ **Can Camper swim:** _____

Hearing Impaired: _____ **Visually Impaired:** _____

Behavior Issues: _____

Physical Limitations: (Ex-can't participate in contact sports; over heats easily...etc.)

AUTHORIZATION AND REQUEST FOR TRANSPORTATION OF CAMPER IN PRIVATELY OWNED VEHICLE AND RELEASE OF LIABILITY

As parent or legal guardian of (name of camper) _____

I request and authorize his/her transportation from (departing location) _____

To (destination) _____

And return to (return location) _____

I authorize and request that my child or ward be transported in a privately owned vehicle, and acknowledge and understand that Orange County Athletics Inc., its employees, volunteers has not determined or verified the qualifications and insurance coverage of the volunteer driver(s) by obtaining copies of their Driver's license and Insurance cards or undertaken any inspection of the vehicles to determine its condition, mechanical or otherwise;

I further acknowledge and understand the Orange County Athletics Inc., has made no representation concerning the qualifications, driving history or insurance coverage of the volunteer driver(s), or the condition of the vehicle;

I further acknowledge having instructed my child or ward in the proper use of the vehicle's occupant seat belt protection system provided by the vehicle manufacturer and have designated a seating position for my child or ward within the vehicle;

I further, on my own behalf and on behalf of my child or ward, release Orange County Athletics, Inc., its employees, and volunteers, from any liability for medical expenses, disability, disfigurement, lost wages, diminished earning capacity, mental anguish and emotional distress arising from the transportation of my child or ward in a privately owned vehicle, including but not limited to, injury caused by negligent operation of a motor vehicle, vehicle maintenance, mechanical failure or defect, vehicle misuse, negligent acts of third persons, intentional acts of third persons, roadway conditions or hazards, supervision, student misconduct, and disregard of generally recognized safety precautions.

I further release Orange County athletics Inc., from any duty to oversee, or control the manner in which the volunteer driver(s) operates the motor vehicle.

I have read and fully understand the content of this authorization and release from liability form.

Date _____

Signature or Parent or Legal Guardian

Date _____

Signature of Coordinator of Community Outing

PARTICIPANT WAIVER
2011 ORANGE COUNTY ATHLETICS SUMMER CAMP
(RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT)

In consideration of participating in the **2011 ORANGE COUNTY ATHLETICS EVENT**, I/my minor child or ward, (*print name or participant legibly*) _____, represent(s) that I understand the active nature of Summer Camp. I fully understand that this type of event involves risks of injury, serious bodily injury, including permanent disability, paralysis and death, which may be caused by my/my minor child or ward's own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me/my minor child or ward or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I/my minor child or ward may incur as a result of my/my minor child or ward's participation in the event, except for losses, costs and damages that are the result of the gross negligence of others.

Orange County Athletics Inc., has my permission, (both during and anytime after), to use my (or my minor child/ward's) likeness, name, voice or words in either television, radio, film, newspapers, magazines, and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Orange County Athletics Inc., and/or applying for funds to support these purposes and activities, I further waive any current or future right to seek compensation for said use.

Orange County Athletics utilizes the techniques of Applied Behavior Analysis. We strive for a positive, non-coercive environment. In the event of crisis, our certified staff will implement Professional Crisis Management Procedures to maintain safety for all participants. For further information contact Professional Crisis Management Association or visit www.PCMA.org, for clarification.

I further understand that both licensed/leased commercial transportation providers and licensed/approved volunteer, private transportation providers (Orange County Athletics Inc.) will be utilized during the course of the **2011 ORANGE COUNTY ATHLETICS EVENTS** and understand that the licensed/approved volunteer, private transportation providers (Orange County Athletics Inc.) are included in the following release and covenant not to sue, under the articulated provisions.

I hereby release, discharge, and covenant not to sue Orange County Athletics Inc., Central Florida YMCA-Eastbrook, their administrators, directors, agents, officers, volunteers, approved drivers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the event takes place or utilizes, from all liability, claims, demands, losses, or damages on my account, except for any liability, claims, demands, losses, or damages caused by the negligence of Orange County Athletics Inc., Central Florida YMCA-Eastbrook or their agents.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I/my Parent/Legal Guardian have/has given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant
over)

Signature of Participant (only if age 18 or

Signature of Parent/Legal Guardian
(if participant is under age 18)

Date:_____