



KINGS & QUEENS SUMMER CAMP

Summer 2010 Application

2010 SUMMER CAMP Application

Campers Name(s) _____ Boy/Girl _____ Grade in fall '10 _____ Age _____
_____ Boy/Girl _____ Grade in fall '10 _____ Age _____
_____ Boy/Girl _____ Grade in fall '10 _____ Age _____
_____ Boy/Girl _____ Grade in fall '10 _____ Age _____

Parent(s) Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Others who can pick up or drop off _____

Phone Number Parent/Guardian 1:

(Home) _____ (Cell Phone) _____ Work _____

Phone Number Parent/Guardian 2:

(Home) _____ (Cell Phone) _____ Work _____

In case of an emergency please contact _____ phone _____

Any special needs or additional information we should know about your child(ren):

*Camper(s) lives with: both natural parents single parent father/step-mother
 mother/step-father grandparents other _____

If parents are divorced, who has legal custody? _____

Who should be contacted during camp? _____

Parents of Minors Sign Below:

I agree to all terms and conditions that are stated in the camper application and registration forms and will remit full payment and all forms on or before May 31, 2010.

Signature _____ Date _____



Participant Agreement/Terms and Conditions

1. All participants will agree to abide by all AKM rules and policies.
 2. Directors may dismiss a participant at any time.
 3. All The Kings Men is NOT responsible for any lost articles of clothing or campers' personal articles.
 4. All The Kings Men may use photographs/video of participants for promotion.
 5. Campers in all summer camp programs must be present at camp each day of the first week of each session they attend.
 6. **Emergency Release:** If participant is a minor, the undersigned parent/guardian agrees that in case of an emergency at AKM Kings & Queens Summer Camp involving their child, if they are unable to be contacted, the parent/guardian gives permission for staff personnel present to contact the doctor listed or alternative doctor and permit whatever treatment is deemed necessary by the doctor for the emergency.
 7. **For Summer Programs** - It is agreed that the completed Application and full tuition for session 1 will be returned to All The Kings Men by May 31. Session 2 Deadline is July 31.
 8. **Refunds** - Our refund policy is designed to discourage last minute cancellations. For summer programs, the fee is refundable minus 10% up to May 1. After June 1 there is no refund. There is no refund for missed days at camp, vacations or if camper is dismissed from camp by the Directors. No refund or adjustment is made, and no prior notice is made, if All The Kings Men changes its program by adding, altering, or deleting activities as deemed necessary by the Director.
- Our camps take place in the outdoors and include activities which are adventurous and challenging. All camp activities contain certain inherent risks. Our purpose for this disclosure is not to cause you undo concern but to inform you of the risks connected with the fun, adventure and challenge of all camp programs.**
- 9. Assumption of Risk and Hold Harmless Agreement** - You as parent/guardian of your child(ren) are aware of the inherent risks of injury, death and property damage involved in camp activities. You as parent/guardian shall indemnify, defend and hold harmless All The Kings Men and its officers, directors, shareholders, employees, agents, owners of property used/leased by All The Kings Men and representatives (collectively) against all liability demands, claims, costs, losses, damages, recoveries, settlements incurred by indemnities ("losses") regardless of cause other than gross negligence, known or unknown, arising from your child(ren)'s participation in All The Kings Men Camp activities.
- 10. Choice of Laws/Arbitration of Disputes and Disagreements** - All questions with respect to the construction of this agreement and the rights and liabilities of the parties shall be determined in accordance with the applicable provisions of the laws of the state of Tennessee. Campers and parents accept binding arbitration as the method of resolving any disagreements between the camper parents and All The Kings Men. Camper parents agree to submit any dispute to an arbitration firm selected by All The Kings Men for resolution. The basis for resolution shall be this Participant Agreement, and any All The Kings Men registration forms and materials. Specific written materials provided to the camper family and the applicable laws of the State of Tennessee and the United States of America shall be the basis for arbitration of any disputes between All The Kings Men and the camper parent.
- I have read and understand all of the above conditions and having enrolled a camper at AKM Kings and Queens Summer Camp agree to be bound by them.*

Signature of Parents _____ Date _____



Kings & Queens Summer Camp 2010

- A \$100 deposit is required for a reservation in any summer session
The Full balance for 1st Session is due no later than May 31, 2010.
The Full balance for 2nd Session is due no later than June 31, 2010.
- 50% savings for families of 2 or more
- Groups of 10 or more save 10%

Camp is for Boys and Girls age 8-16
 Please check the box you are signing up for

1st Session June 7th- July 2nd - \$250

2nd Session July 5th-July 30th -\$250

Both Sessions - \$350

METHOD OF PAYMENT

Check Visa MasterCard Discover

_____ Enclosed is my payment of \$ _____

OR

_____ Please charge \$ _____ to my credit card

Credit Card Number: Exp. Date: _____

Cardholder's Signature:

Name of Cardholder (printed):

For summer programs, full payment (unless on payment plan) & completed Application are due on May 31 or within one week of registration for campers enrolled after May 1.

Refunds:

Our refund policy is designed to discourage last minute cancellations. For summer programs, the fee is refundable minus 20% up to May 31. After May 31, there is no refund. During camp, there is no refund for camper illness, missed days, vacations, withdrawal, or if camper is dismissed from camp by Directors.

*Mail or fax this form with your check
 or credit card number to:*

All The Kings Men, Inc.

P.O. Box 23282 Nashville, Tn 37202

Phone: 615-224-8447 Fax: 615-224-8449

AKM Kings & Queens Summer Camp Credit Card Authorization Form

Please complete and sign this form and mail or fax it with your registration form if you would like to charge payment to your credit card. Please note: your **billing address** and **zip code** are required to complete your transaction.

Card Number: _____

Expiration Date: _____

Cardholder's Name (print): _____

Billing Address: _____

Billing Zip Code: _____

Amount to Charge: _____

Camper Name(s): _____

I authorize All The Kings Men, Inc. to charge my credit card as listed above for the amount shown.

Signature: _____

Date: _____

Statement of Camper's Health History and Well Being

Camper's Name _____

Insurance Carrier _____ **Policy Number** _____

For more than one camper, please use last page of application for additional campers information.

Is the camper(s) in good health and able to participate in all camp activities? Yes No*

Restrictions (Activity or Dietary):

In the case of an emergency would you prefer Ambulance Transportation or Our Staff

Hospital of Choice _____

**If a camper(s) has a known complicating medical problem or has had an operation or serious illness since the last health examination, camper must have written permission from a licensed physician in order to participate in the camp program.*

Is the camper(s) receiving medical treatment or under the care of a psychologist/therapist or physician?

Yes No

If yes, why? _____

Is the camper(s) currently enrolled in a special school/class or social skills class? Yes No

If yes, why?

Does the camper(s) currently take medication? Yes No

If yes, what and why

Will the camper(s) be taking medication at camp?

Yes No (if Yes, complete the "MEDICATION AUTHORIZATION AND LIABILITY RELEASE" form)

Allergies: _____

Details or information we should know about your child:

Permission for an Unsupervised Drop-Off

Initial if desired: _____ I give permission for an "Unsupervised Drop-Off" for my Camper who is 8 or older.

Permission for an Unsupervised Pick-UP

Initial if desired: _____ I give permission for an "Unsupervised Pick -Up" for my Camper who is 8 or older.

MEDICATION AUTHORIZATION AND LIABILITY RELEASE

RELEASE FOR GIVING MEDICATION AT CAMP

To be completed by parent:

Name of Prescribed Medication (1): _____

For treatment of: _____

Exact Dosage: _____

Period/Dates that Medication be Administered: _____

Name of Prescribed Medication (2): _____

For treatment of: _____

Exact Dosage: _____

Period/Dates that Medication be Administered: _____

Name of Prescribed Medication (3): _____

For treatment of: _____

Exact Dosage: _____

Period/Dates that Medication be Administered: _____

I, the parent/guardian, give permission for All The Kings Men to allow a camp leader, or other designated staff member, to administer the above medication, as prescribed by the child's physician, during the period they are enrolled at AKM Kings and Queens Summer Camp.

The medication is to be furnished by me, the parent/guardian, and is to be labeled with the name of the medicine, the amount to be given, and time of day to be taken. The physician's name is on the label.

I understand that my name on this form constitutes a waiver by me to the camp or staff member for liability for unexpected reactions when the medicine is administered in accord with the physician's directions.

Parent/Guardian Signature _____

Parent/Guardian name (printed) _____ *Date* _____

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