



SUMMER CAMP REGISTRATION FORM

Parent's Name: _____

Student's Name: _____ Date of Birth: _____

Student's Name: _____ Date of Birth: _____

Student's Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

I agree to waive any claims against any person or persons connected with USTigers.

I permit my child to attend USTigers field trips. I understand my child will be provided transportation to field trips in USTigers vehicles.

This Registration Form will also serve as permission for USTigers to provide the above-named student with all emergency medical attention needed if the situation should arise.

We at USTigers make every effort to provide a safe environment for our students, but occasionally accidents do happen.

If your child does become injured, USTigers has your permission to have your child transported and treated by the nearest hospital or physician.

***Lunch IS Included.**

***NO GLASS BOTTLES. *No Nuts/Peanuts**

***Snacks & Juice Provided**

***USTigers DOES NOT recommend any electronics brought in.**

***Please note that USTigers and staff will not be responsible for any lost or stolen items.**

Parent's Signature: _____ Date: _____

Registration Fee: \$60.00 – includes uniform & USTigers T-shirt **(waived for current students)**

Fees (Includes all the field trips): Please call for pricing.

Sibling Discount additional 10% only for 5 days and 3 days

Weeks Available: (Please circle)

June 14 – 18 June 21 – 25 June 28 – July 2 July 6 – 9 (4 days) July 12 – 16

July 19 – 23 July 26 – 30 Aug 2 – 6 Aug 9 – 13 Aug 16 – 20

Automatic payment: By signing below I give authorization US Tigers to charge the credit card indicated below.

CREDIT CARD ACCT. # _____ Exp. Date _____ CVV _____

Consent to pre-arranged payments may be withdrawn at any time upon thirty-day written notice. Withdrawal of consent will not release the obligation to make payments.

Signature: _____ Date: _____

U. S. Tigers Learning Center Sick Policy

1. Please call us by 9:00 am if your child will not attend the U.S. Tigers Before/After School and/or summer program for any reason, especially due to illness. Daily attendance is taken and we do need to know if your child will not be in attendance.
2. Unless otherwise instructed by a healthcare provider, children with recurrent vomiting or diarrhea should remain at home for at least 24 hours after vomiting or diarrhea has stopped.
3. If your child has a communicable disease, the parents are required to notify the U.S. Tigers so that the parents of their other children may be notified.
4. Children who have had a communicable disease may not return to the program unless they have a doctor's note stating that they are no longer contagious.
5. Children will have a daily health check when they arrive at the program. If the staff feels that the child is not well, or has a fever of 100 degrees or higher, parents will be called and asked to pick their child up. You must make arrangements to pick up your child as soon as possible.

I have read and understood U.S. Tigers Policy regarding illness.

Parent's Signature: _____ **Date:** _____

U.S. Tigers After School/Summer Camp Emergency Contact Information

- * **Please list at least 2 local emergency contacts. They will be allowed to pick up your child.**
- * **We cannot be held liable or responsible for damage or injury if we are unable to reach any of these additional contacts.**

Name: First _____ Last _____ Relationship: _____
Phone #: Home: _____ Work: _____ Cell: _____

Name: First _____ Last _____ Relationship: _____
Phone #: Home: _____ Work: _____ Cell: _____

Physician's Name: _____ Phone #: _____

Does the Student have any medical problems (Allergies) we should be aware of? Yes No

If Yes, What are they: _____

Medication? _____

CHILD'S MEDICAL AND INSURANCE INFORMATION

INSURANCE COMPANY: _____

ADDRESS: _____

POLICY HOLDER'S NAME: _____

POLICY # _____

U.S. Tigers Behavior Agreement

We want every day at U.S. Tigers to become a happy memory for your children. Therefore, we work hard at creating an environment that will allow this to happen. Along with our efforts, we need the children to help us create that environment by following some simple, but effective rules. Below is our Behavior Agreement, please read over it with your children and be sure they understand what it is, and why they are signing it. This will help us help them have a wonderful experience at U.S. Tigers Before/After School and/or Summer Program.

- Our basic rules are
1. Safety First,
 2. Respect People,
 3. Respect Property.

I will listen to the staff and follow their directions.

- I will respect other people's belongings by not touching/using their stuff without permission.
- I will respect other's personal space by keeping my hands and feet to myself.
- I will not hit or fight other people.
- I will use the appropriate language. Which **does not** include any swear words or negative remarks.
- Before leaving the room, I will ask a staff member for permission.
- Children must wear their seat belts at all times when picked up by U.S. Tigers vehicles. We will give one warning. If they still do not wear their seat belts, they will be suspended from riding the U.S. Tigers' vehicles.

We will explain these rules to the children the first week and throughout the year.

Not abiding by these rules can result in suspension from the program. All incidents will be handled on a 3 incident system, **except hitting/fighting**. Hitting/fighting will be an immediate 1-day suspension from the program. All other incidents will be

handled as follows:

1 st Incident:	VERBAL WARNING
2 nd Incident:	WRITTEN WARNING / PARENT MEETING
3 rd Incident:	1-DAY SUSPENSION

Parent Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

PLEASE READ AND SIGN

I hereby grant permission for my child to be transported by the USTigers for activities/ I understand that notice of such outings will be notified before any trip. In the case of a medical emergency, I understand that every effort will be made to contact me or my emergency contact. If I or someone the emergency form cannot be reached, I permit USTigers to secure the medical treatment necessary for my child; including hospitalization.

I understanding that the USTigers assume no responsibility for injuries or illnesses which my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports program, the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any injuries and illness which may result from his/her participation in these activities and I hereby release and discharge USTigers, its agents, servants, and employees from all claims for injury, illness, death, loss or damage which he/she may suffer as a result of his/her participation in these activities. I understand that USTigers is not responsible for personal property lost or stolen while members and/or program participants are using USTigers’ facilities or on USTigers premises. According to the code of Virginia 63.2-1715, USTigers before/after school and/or summer camp program allows children to enter and leave the premises without permission or supervision. This disclaimer also extends to the facilities used in the commission of the child care program. I permit USTigers to use, without limitation or obligation, photographs, film footage, my child’s image or voice to promote or interpret USTigers programs. I acknowledge the waiver and accept the conditions set forth above and, are in sympathy with the goals and purposes of the USTigers. I agree to adhere and abide by the policies of USTigers.

Parent Signature: _____ **Date:** _____

USTIGERS MOVIE VIEWING PERMISSION FORM

USTigers After School Programs and Summer Camp will be viewing movies rated "G" & "PG" or(and) "PG-13". For our mutual convenience, we are requesting that you sign this permission slip to keep on file.

"G" movies, "PG" movies, "PG-13" movies
ex) Finding Nemo, Wall-E, Toy Story, etc. ex) ET, Shrek, The Incredibles, etc. Spiderman, Transformers, Avengers, etc.

1. _____ G & PG PG-13

(Please Print Child’s name)

Has permission to view movies rated checked above

Signature: _____ Date: _____

(Parent or Guardian)