



## 2022 Summer Camp

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: \_\_\_\_\_

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? \_\_\_\_\_

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 too field trips in USTigers vehicles.

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

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

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

**\*Lunch Is Included (If a special diet is required, please pack lunch).**

**\*NO GLASS BOTTLES. \*No Nuts/Peanuts \*Snacks & Juice Provided**

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

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Registration Fee:** \$75.00 – includes uniform & T-shirt **(waived for current students)**

**Fees (Includes lunches):** (~~\$300~~) \$220 for 5 days, (~~\$250~~) \$185 for 3 days, \$70 per day

Sibling Discount - additional 10%

**Weeks Available:** (Please circle) Hours: 7 AM – 6:30 PM

June 20 – 24      June 27 – July 1      July 6 – 8 (3 days)      July 11 – 15

July 18 – 22      July 25 – 29      Aug 1 – 5      Aug 8 – 12      Aug 15 – 19

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

CREDIT CARD ACCT. # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Consent to pre-arranged payments may be withdrawn upon thirty-day written notice.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 summer program for any reason, mainly due to illness. Daily attendance is taken, and we need to know if your child will not be in attendance.
2. Unless otherwise instructed by a Healthcare provider, children who are running a 100' or greater fever should remain at home for at least 24 hours after the fever has broken.
3. 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.
4. If your child has an infectious disease, the parents must notify the U.S. Tigers so that the parents of their other children may be advised.
5. Children who have had a contagious disease may not return to the program unless they have a doctor's note stating they are no longer contagious.
6. 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 two 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 cannot reach any of these additional contacts.**

Name: First \_\_\_\_\_ Last \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: First \_\_\_\_\_ Last \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### **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 make that environment by following some simple but effective rules. Below is our Behavior Agreement; please read over it with your children and ensure they understand it and why they are signing it. This will help us help them have a wonderful experience at U.S. Tigers Before/After School and 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 others' 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 adverse remarks.
- Before leaving the room, I will ask a staff member for permission.
- I will respect others' feelings by having a positive attitude when talking to them and not talking down to others.
- Children must wear their seat belts 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 during 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 three 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 <sup>st</sup> Incident: | <b>VERBAL WARNING</b>                   |
| 2 <sup>nd</sup> Incident: | <b>WRITTEN WARNING / PARENT MEETING</b> |
| 3 <sup>rd</sup> Incident: | <b>1-DAY SUSPENSION</b>                 |

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE READ AND SIGN**

With this granted 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 know 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 understand that the USTigers assume no responsibility for injuries or illnesses that my child may sustain due to their physical condition or from their 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 their participation in these activities. I, at this moment, release and discharge USTigers, its agents, servants, and employees from all claims for injury, illness, death, loss, or damage that they may suffer as a result of their participation in these activities. I understand that USTigers is not responsible for lost or stolen personal property while members and program participants use USTigers' facilities.

USTigers premises. According to the code of Virginia 63.2-1715, USTigers, before/after school and 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. Without limitation or obligation, I permit USTigers to use photographs, film footage, and my child's image or voice to promote or interpret USTigers programs. I acknowledge the waiver, accept the conditions set forth above, and sympathize with the goals and purposes of the USTigers. I agree to adhere to 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, Spiderman, Transformers, Avengers, etc.

1. \_\_\_\_\_

G & PG  PG-13

(Please Print Child's name)

2. \_\_\_\_\_

G & PG  PG-13