

2023 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? \Box	Yes 🗆 No
If Yes, What are they:		
Medication?		
field trips in USTigers vehicles. This Registration Form will also permit USTigers to provide t needed if the situation should arise.		
USTigers make every effort to provide a safe environment for If your child is injured, USTigers has your permission to have physician. *Lunch Is Included (If a special diet is require *NO GLASS BOTTLES. *No Nuts/Peanuts *S * Please note that USTigers and staff will not l	ed, please pack lunch). nacks & Juice Provided	
If your child is injured, USTigers has your permission to have physician. *Lunch Is Included (If a special diet is require *NO GLASS BOTTLES. *No Nuts/Peanuts *S	ed, please pack lunch). nacks & Juice Provided be responsible for lost or st	tolen items.
If your child is injured, USTigers has your permission to have physician. *Lunch Is Included (If a special diet is require *NO GLASS BOTTLES. *No Nuts/Peanuts *S * Please note that USTigers and staff will not l	ed, please pack lunch). nacks & Juice Provided be responsible for lost or st Date:	tolen items.
If your child is injured, USTigers has your permission to have physician. *Lunch Is Included (If a special diet is require *NO GLASS BOTTLES. *No Nuts/Peanuts *S * Please note that USTigers and staff will not I Parent's Signature:	ed, please pack lunch). nacks & Juice Provided be responsible for lost or st Date: t (waived for current stude	tolen items. ents)
If your child is injured, USTigers has your permission to have physician. *Lunch Is Included (If a special diet is require *NO GLASS BOTTLES. *No Nuts/Peanuts *S * Please note that USTigers and staff will not I Parent's Signature: <u>Registration Fee:</u> \$75.00 – includes uniform & T-shir	ed, please pack lunch). nacks & Juice Provided be responsible for lost or st Date: t (waived for current stude	tolen items. ents)
If your child is injured, USTigers has your permission to have physician. *Lunch Is Included (If a special diet is require *NO GLASS BOTTLES. *No Nuts/Peanuts *S * Please note that USTigers and staff will not I Parent's Signature: <u>Registration Fee:</u> \$75.00 – includes uniform & T-shir <u>Fees (Includes lunches):</u> (\$300) \$220 for 5 days, (\$	ed, please pack lunch). nacks & Juice Provided be responsible for lost or st Date: t (waived for current stude \$250) \$185 for 3 days, \$70 pe	tolen items. ents)
If your child is injured, USTigers has your permission to have physician. *Lunch Is Included (If a special diet is require *NO GLASS BOTTLES. *No Nuts/Peanuts *S * Please note that USTigers and staff will not I Parent's Signature: <u>Registration Fee:</u> \$75.00 – includes uniform & T-shir <u>Fees (Includes lunches):</u> (\$300) \$220 for 5 days, (\$ Sibling Discount - additional 10%	ed, please pack lunch). nacks & Juice Provided be responsible for lost or st Date: t (waived for current stude \$250) \$185 for 3 days, \$70 pe 30 PM	tolen items. ents)
If your child is injured, USTigers has your permission to have physician. *Lunch Is Included (If a special diet is require *NO GLASS BOTTLES. *No Nuts/Peanuts *S * Please note that USTigers and staff will not I Parent's Signature: <u>Registration Fee:</u> \$75.00 – includes uniform & T-shir <u>Fees (Includes lunches):</u> (\$300) \$220 for 5 days, (Sibling Discount - additional 10% <u>Weeks Available:</u> (Please circle) Hours: 7 AM – 6::	ed, please pack lunch). nacks & Juice Provided be responsible for lost or st Date: rt (waived for current stude \$250) \$185 for 3 days, \$70 pe 30 PM P) July 10 – 14	tolen items. ents)
If your child is injured, USTigers has your permission to have physician. *Lunch Is Included (If a special diet is require *NO GLASS BOTTLES. *No Nuts/Peanuts *S * Please note that USTigers and staff will not I Parent's Signature: <u>Registration Fee:</u> \$75.00 – includes uniform & T-shir <u>Fees (Includes lunches):</u> (\$300) \$220 for 5 days, (Sibling Discount - additional 10% <u>Weeks Available:</u> (Please circle) Hours: 7 AM – 6:: June 19 – 23 June 26 – 30 July 3 – 7 (NO CAM	ed, please pack lunch). nacks & Juice Provided be responsible for lost or st Date: rt (waived for current stude \$250) \$185 for 3 days, \$70 pe 30 PM P) July 10 – 14	tolen items. ents)
If your child is injured, USTigers has your permission to have physician. *Lunch Is Included (If a special diet is require *NO GLASS BOTTLES. *No Nuts/Peanuts *S * Please note that USTigers and staff will not I Parent's Signature: <u>Registration Fee:</u> \$75.00 – includes uniform & T-shir <u>Fees (Includes lunches):</u> (\$300) \$220 for 5 days, (Sibling Discount - additional 10% <u>Weeks Available:</u> (Please circle) Hours: 7 AM – 6:: June 19 – 23 June 26 – 30 July 3 – 7 (NO CAM	ed, please pack lunch). nacks & Juice Provided be responsible for lost or st Date: t (waived for current stude \$250) \$185 for 3 days, \$70 pe 30 PM P) July 10 – 14 7 – 11 Aug 14 – 18	tolen items. ents) er day
If your child is injured, USTigers has your permission to have physician. *Lunch Is Included (If a special diet is require *NO GLASS BOTTLES. *No Nuts/Peanuts *S * Please note that USTigers and staff will not I Parent's Signature: <u>Registration Fee:</u> \$75.00 – includes uniform & T-shir <u>Fees (Includes lunches):</u> (\$300) \$220 for 5 days, (Sibling Discount - additional 10% <u>Weeks Available:</u> (Please circle) Hours: 7 AM – 6:: June 19 – 23 June 26 – 30 July 3 – 7 (NO CAM July 17 – 21 July 24 – 28 July 31 - Aug 4 Aug	ed, please pack lunch). nacks & Juice Provided be responsible for lost or st Date: Pate: t (waived for current stude \$250) \$185 for 3 days, \$70 pe 30 PM P) July 10 – 14 7 – 11 Aug 14 – 18	tolen items. ents) er day
If your child is injured, USTigers has your permission to have physician. *Lunch Is Included (If a special diet is require *NO GLASS BOTTLES. *No Nuts/Peanuts *S * Please note that USTigers and staff will not I Parent's Signature: <u>Registration Fee:</u> \$75.00 – includes uniform & T-shir <u>Fees (Includes lunches):</u> (\$300) \$220 for 5 days, (Sibling Discount - additional 10% <u>Weeks Available:</u> (Please circle) Hours: 7 AM – 6:: June 19 – 23 June 26 – 30 July 3 – 7 (NO CAM July 17 – 21 July 24 – 28 July 31 - Aug 4 Aug Automatic payment: By signing below, I authorize US Tri	ed, please pack lunch). nacks & Juice Provided be responsible for lost or st Date: Pate: t (waived for current stude \$250) \$185 for 3 days, \$70 pe 30 PM P) July 10 – 14 7 – 11 Aug 14 – 18	tolen items. ents) er day
If your child is injured, USTigers has your permission to have physician. *Lunch Is Included (If a special diet is require *NO GLASS BOTTLES. *No Nuts/Peanuts *S * Please note that USTigers and staff will not I Parent's Signature: <u>Registration Fee:</u> \$75.00 – includes uniform & T-shir <u>Fees (Includes lunches):</u> (\$300) \$220 for 5 days, (Sibling Discount - additional 10% <u>Weeks Available:</u> (Please circle) Hours: 7 AM – 6:: June 19 – 23 June 26 – 30 July 3 – 7 (NO CAM July 17 – 21 July 24 – 28 July 31 - Aug 4 Aug Automatic payment: By signing below, I authorize US Tri	ed, please pack lunch). nacks & Juice Provided be responsible for lost or st Date: t (waived for current stude \$250) \$185 for 3 days, \$70 pe 30 PM P) July 10 – 14 7 – 11 Aug 14 – 18 igers to charge the credit card i Exp. Date	ents) er day
If your child is injured, USTigers has your permission to have physician. *Lunch Is Included (If a special diet is require *NO GLASS BOTTLES. *No Nuts/Peanuts *S * Please note that USTigers and staff will not I Parent's Signature:	ed, please pack lunch). nacks & Juice Provided be responsible for lost or st Date: t (waived for current stude \$250) \$185 for 3 days, \$70 pe 30 PM P) July 10 – 14 7 – 11 Aug 14 – 18 igers to charge the credit card i Exp. Date	ents) er day

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 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 with 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 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 these additional contacts.

Name: First	Last	Relationship:	
Phone #: Home:	Work:	Cell:	
Name: First	Last	Relationship:	
Phone #: Home:	Work:	Cell:	
CHILD'S MEDICAL AND INS	URANCE 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 simple but effective rules. Below is our Behavior Agreement; please read it with your children and ensure they understand 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

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 <u>does not</u> include any swear words or adverse remarks.
- Before leaving the room, I will ask a staff member for permission.

1st Incident:

2nd Incident:

3rd Incident:

- 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 do not wear 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:

VERBAL WARNING WRITTEN WARNING / PARENT MEETING 1-DAY SUSPENSION

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 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 participation in any athletic activities, sports program, 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 resulting 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 due to 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 that commission the childcare program. I permit USTigers to use photographs, film footage, and my child's image or voice to promote or interpret USTigers programs without limitation or obligation. 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 Sum	mer Camp will be viewing movies rated "G" & "PG" or(and) "PG-13".			
We request that you sign this permission	slip to keep it on file for our mutual convenience.			
"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 (Please Print Child's name)	G & PG 🛛 PG-13 🗆			
2.	G & PG □ PG-13 □			