



SHADES
of Development

Camper Authorized Pickup Form Summer 2017

Camper Information

Camper 1 _____ Gender: M F
 Grade Level 2017-18 School Year _____ Age _____ Birth Date ____/____/____
 Camper 2 _____ Gender: M F
 Grade Level 2017-18 School Year _____ Age _____ Birth Date ____/____/____
 Camper 3 _____ Gender: M F
 Grade Level 2017-18 School Year _____ Age _____ Birth Date ____/____/____

School Information

 School Name _____
 School Address _____
 Knoxville, TN _____
 School Phone Number _____

Parents/Guardian Information – If legal guardian, please provide documentation of guardianship.

Parent/Guardian 1 _____ Relation _____ Home Phone _____
 Address _____ City _____ State _____ Zip _____
 Employer _____ Position _____ E-mail _____
 Work Address _____ City _____ State _____ Zip _____
 Work Schedule M T W Th F Work Hours _____ Work Number _____
 Cell Phone _____ Cell Phone Carrier _____ I prefer: Text E-mail Phone call

Parent/Guardian 2 _____ Relation _____ Home Phone _____
 Address _____ City _____ State _____ Zip _____
 Employer _____ Position _____ E-mail _____
 Work Address _____ City _____ State _____ Zip _____
 Work Schedule M T W Th F Work Hours _____ Work Number _____
 Cell Phone _____ Cell Phone Carrier _____ I prefer: Text E-mail Phone call

Custody Restriction

If parents are divorced, what are the custody arrangements? _____

If custody restrictions are involved, please include a copy of a court order. Restrictions ____yes ____no

Authorized Pick-Up/Emergency Contact Persons (Do not list Mother and Father listed above)(Must be 18 or older)

Name _____ **Relation** _____ **Contact #** _____ Emergency Contact yes no
 Address _____ City _____ State _____ Zip _____
 Employer _____ Position _____ E-mail _____
 Work Address _____ City _____ State _____ Zip _____

Name _____ **Relation** _____ **Contact #** _____ Emergency Contact yes no
 Address _____ City _____ State _____ Zip _____
 Employer _____ Position _____ E-mail _____
 Work Address _____ City _____ State _____ Zip _____

Name _____ **Relation** _____ **Contact #** _____ Emergency Contact yes no
 Address _____ City _____ State _____ Zip _____
 Employer _____ Position _____ E-mail _____
 Work Address _____ City _____ State _____ Zip _____

Siblings that live at home not enrolled in SHADES

Child's Name _____ Age _____ Child's Name _____ Age _____
Child's Name _____ Age _____ Child's Name _____ Age _____

Medical Information

List any illness, disabilities, medications, or routines that may affect your child's activity while at SHADES.

Camper 1 _____
Camper 2 _____
Camper 3 _____

List any life threatening allergies for each camper listed on this form

Camper 1 _____
Camper 2 _____
Camper 3 _____

Asthma? Camper 1 Yes No Camper 2 Yes No Camper 3 Yes No

Diabetes? Camper 1 Yes No Camper 2 Yes No Camper 3 Yes No

Does your child have a current health form on file at his/her school? _____yes _____no

Child's Physician _____ Phone Number _____
Address _____ City _____ St _____ Zip _____

Child's Dentist _____ Phone Number _____
Address _____ City _____ St _____ Zip _____

Preferred Hospital _____ Phone Number _____
Address _____ City _____ St _____ Zip _____

Insurance Company _____ Policy Number _____

Parental Agreement (applies to all campers listed above)

By submitting this registration form, the individual(s) herein has permission to engage in all camp activities at SHADES of Development, unless noted by me in writing.

- ✓ In the event that I cannot be reached in an emergency, I hereby give my permission to the program director or designee to secure emergency medical services including transportation and physician. I also give my permission to the attending physician to order injections, anesthesia, or surgery, if necessary for my child named above.
- ✓ I give permission for my child to have sunscreen applied.
- ✓ I give permission to SHADES of Development to use likeness and words of my child in radio, newspapers, magazines and other media for the purposes and activities of SHADES.
- ✓ I understand that SHADES requires the following for enrollment: 1) A health form must be enclosed for each camper and 2) full payment for each camp must be received at least ONE WEEK before the start of the camp.
- ✓ I understand that the camp director has the right to send home any camper that does not comply with camp rules, without a refund of any kind.
- ✓ I agree to and understand the following policies: If a change is requested after registration is completed there is a \$10.00 changes fee. If I must withdrawal my camper's registration from a week of camp I must notify SHADES at least (6) working days prior to the start of camp to receive a partial refund equaling the tuition minus a \$30.00 cancellation fee. I understand that a \$30.00 cancellation fee will be charged for each week cancelled unless another session is added to my camper or another camper in my family. If my cancellation is received after the published cutoff date, no refund will be given.
- ✓ I agree to reserve my child's field trip spaces on Monday of each week. I understand that I have until 9:30am the day prior to the field trip to cancel filed trip reservation. I understand that I am responsible for the cost of the field trip if field trip cancellation is received after 9:30am the day prior to a field trip.
- ✓ I understand that the cost of field trips is due prior to each field trip.
- ✓ I agree to and understand that if my child is picked up after 6:00pm I will be charged \$1.00 per minute for every minute after 6:00pm for each child involved.
- ✓ For each camp, the parent(s) agree, by signing this application, to save and hold harmless SHADES of Development and its employees, volunteers, directors, and officers, from any injury, accident, liability, loss, cost, or demand incurred or sustained by your child's participation with SHADES Camp except for acts which are the direct result of gross negligence of the SHADES Camp or SHADES of Development or its employees.
- ✓ I have received, read, and understand the Parent Handbook, Parent Orientation, Parent Agreement, Child Abuse Reporting Procedures and State Licensing Requirements.
- ✓ If participating in a LEAPS Grant Funded Program, I hereby give SHADES of Development permission to access my child's academic records including but not limited to report cards, STAR Testing Assessments, and TCAP Results for the purposes of tracking academic progress during the LEAPS Grant cycle. I understand that my child's individual academic records will be kept confidential at all times. Information will only be used to graph trends and progress for the entire group. I furthermore give permission to SHADES of Development to use any photos or videos taken of my child and family during the SHADES Summer Camp Enrichment Program for the purposes of research and grant results reporting. (Parent/Guardian Initials _____)

Parent Signature _____ Date _____