

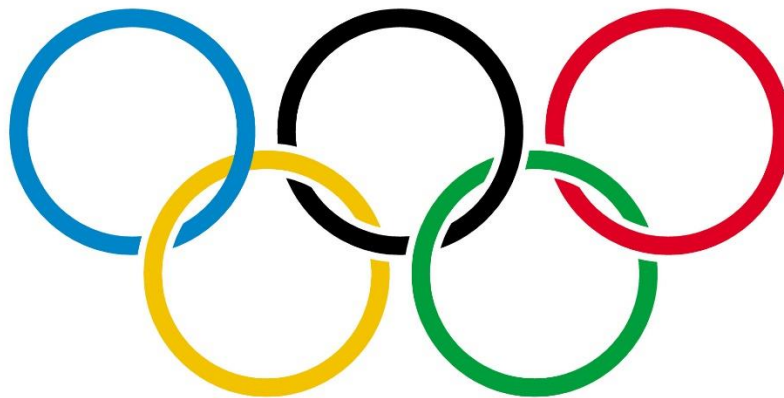
CAMP MONTESSORI

Summer 2018

June 4th – July 27th

Join us this summer as we challenge our bodies and minds at the Camp Montessori Olympic Games! Learn and play sporting games from around the globe. Sharpen your skills as we explore a variety of trades and talents.

Reserve your spot now!



Camp Registration Form

Student Name: _____

Is the child a current student of the school? **Yes No** *There is a \$20 registration fee for new students*

Date of Birth: _____ Grade entering: _____ Teacher: _____

Student Address

Child's T-Shirt Size

Youth: S M L XL

Adult: S M L XL XXL

Parent/Guardian Information

Name: _____ Relationship to student: _____

Cell: _____ Home: _____ Work: _____

E-mail address: _____

Address (if different from student): _____

Name: _____ Relationship to student: _____

Cell: _____ Home: _____ Work: _____

E-mail address: _____

Address (if different from student): _____

Emergency Contacts

Name	Number	Relationship

Permitted Pick Up

Name	Number	Relationship

Medical Form

Known Allergies: _____

Special Conditions: _____

Special Dietary diet? _____ Vegetarian or vegan? _____

Medication Release Agreement

Student's Name: _____ Age: _____ Weight: _____

I give permission for the staff of Lake Montessori Camp to administer Tylenol (acetaminophen) or Motrin (Ibuprofen) to my child, should my child complain of aches, pains, or in the case of a fever (temperature above 98.6 degrees.) I understand an attempt to call a parent/guardian will be made prior to any medication being administered to my child.

My child may take the following medications at the designated dosage:

Tylenol

Motrin

Benadryl

Cough Drops

Other _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Consent to Treat Agreement

A representative of Lake Montessori Camp is hereby authorized to give consent to and employ, on my behalf, a licensed physician (M.D.) for medical treatment of my child in connection with any injury, accident, illness, or disease he or she may suffer or sustain while in their care during camp and to obtain hospitalization if recommended by said physician.

Camper's physician: _____ Phone Number: _____

Medical Insurance Carrier: _____ Policy Number: _____

Parent/Guardian Name: _____ Signature: _____

Notary: _____

State: _____

County: _____

The foregoing instrument was acknowledged before me this _____ by _____ who is personally known to me or who has produced _____ as identification and who did take an oath.

Media Release

I, _____ (print name), parent/guardian of _____ (camper), hereby grant permission to Lake Montessori Camp, employees or representatives, to take and use photographs, digital images, video tape, audio recording, or quoted remarks of my camper for use in promotional or educational materials such as printed publications or materials, electronic presentations and websites pertaining to the camp.

I agree that my camper’s name and identity may be revealed in descriptive text or commentary in connection to the image(s).

I authorize the use of these materials indefinitely without compensation to me. All negatives, print reproductions, and video/audio recording belong to Lake Montessori.

Parent/Guardian Signature:

Date:

Release of Liability

I understand and agree the Lake Montessori Camp, of which my child is a participant, involves certain risks and regardless of the precautions taken by the organization, bodily injuries may occur. Activities take place both indoors and outdoors, where participants are subject to a variety of physical contact with others during participation in contact and non-contact activities. Specific risks and hazards of the activities include, but are not limited to, the following: tripping, falling, slipping, sliding, bumps, bruises, cuts, abrasions, contusions, dislocations, sprains, broken bones, pulled muscles, eye injuries, drowning, fatigue, altercations, and sunburn.

Family and campers may be able to lessen the likelihood of such injuries by adhering to the following rules and procedures:

1. Understand and follow the rules of Lake Montessori Camp
2. Follow directives of staff during camp activities
3. Report all hazardous situations to the staff immediately

By signing this release, I am granting my child permission to participate in all camp activities. This release, indemnity, and assumption of risk statement will cover all events and occurrences associated with the activities including my camper’s participation, observation, associated food, and transportation. If I have any concerns about my camper’s health or ability to participate, I agree to discuss my concerns with a physician before allowing my camper to participate.

I agree to assume the risk that unexpected events may occur and result in harm, injury, or illness to my camper or damage or loss of my property. This agreement is also in effect while my camper is participating in or observing camp activities. I agree to indemnify and hold harmless Lake Montessori. I agree not to sue Lake Montessori for any harm or damage associated with my camper’s participation or observation, and understand any harm or damage is not due to the negligence or fault of Lake Montessori Camp.

I understand that my camper’s participation is voluntary. I have read the agreement and willingly signed for the consideration expressed and with full understanding of its purpose for my camper.

Parent/Guardian Name:

Signature:

Date:

Week by Week Registration

Please initial next to the weeks that your camper will participate in. You must notify the camp coordinator in writing at least 3 days prior to changes made in the selected weeks below.

Week	Initials
Week of June 4 th - June 8 th	
Week of June 11 th – June 15 th	
Week of June 18 th – June 22 nd	
Week of June 25 th – June 29 th	
Week of July 2 nd – July 6 th CLOSED	CLOSED
Week of July 9 th – July 13 th	
Week of July 16 th – July 20 th	
Week of July 23 rd – July 27 th	

What to Bring

When preparing to send your child to camp, please keep the following policies and the daily checklist in mind:

1. Label all your child's belongings with both first and last name. Lost items will be held for one week. Unclaimed items will be donated to a local charity. Lake Montessori Camp is not responsible for lost or stolen items.
2. Lake Montessori Camp is an outdoor program. It is recommended you send your child in outdoor play clothes that are easy to wash. Appropriate footwear such as tennis shoes are also recommended.
3. On certain days, the program may include a special event, activity, or craft that may have additional requirements.
4. If your camper has medication to take during camp or any allergy that we must be aware of, please ensure that you have completed the medication/ allergy portion of the camp packet. You may also call the office at (352) 787-5333.
5. Students who require a cell phone be brought with them will be required to leave the phone with camp staff in a secure location.

Items needed for camp:

- Water bottle
- Notebook
- Sun protection (hat, sunglasses, sunscreen, etc.)
- Small pillow and blanket for rest time for younger students
- Spare set of clothing including
 - Shirt
 - Pants
 - Underwear
 - Socks

Items NOT allowed at camp:

- Flip flops or other backless shoes
- Technology (gaming systems, tablets, and cell phones)
- Toys from home

Food Program

Lake Montessori Camp has paired with Second Harvest Food Bank to provide lunch daily to campers as well as an afternoon snack. Lake Montessori Camp will not be providing breakfast or dinner for campers. Campers may bring their own breakfast to eat during the morning time before activities begin. Campers not wishing to indulge in the lunch program may still receive afternoon snacks. The lunch and snack program menu will be available before the start of camp. Campers not participating in the program will need to bring their own lunch or snacks daily. Lunch will be served between 11:30 and 12:30.