



Date of K2 Registration: _____

1st-7th Grade Camp

Student Enrollment Packet

Child's Name _____

Date of Birth _____

Home Address _____

T-Shirt Size (for Summer Camp Only)

CXS CS CM CL AS AM AL

Grade entering Fall 2019 _____

Mother's Name _____

Hm Phone _____ Cell _____

Mother's Employer _____

Wk Phone _____ Email _____

Father's Name _____

Hm Phone _____ Cell _____

Father's Employer _____

Wk Phone _____ Email _____

Please list siblings and any other members of the household, their ages, and relationship to child.

1.	3.
2.	4.

Does your child have any special fears? Y N If yes, please list _____

Is any language other than English used in the home? Y N If yes, please describe _____

What are your child's special interests or favorite activities? _____

Please list any other information that may assist us in understanding and caring for your child. _____

How did you find out about our facility? _____



GENERAL WAIVER OF LIABILITY FORM

(Please Use One Form for Each Child)

Camp

In house Activities:

My child, _____, has permission to participate in all school sponsored in house activities. This includes water splash day, visits by characters, face painting etc. Information about each event will be furnished in advance.

School Age Field Trips:

By enrolling my child for field trips, I am allowing my child, _____ to participate in said field trip. I understand that I hold K2 Academy of Kids Sports and its employees harmless from all liability and claims arising out of or in connection with my participation in said activities. Information regarding each field trip will be furnished in advance. Registration is not assumed. You will sign up your child for weekly field trips, as desired, through our online enrollment program.

Release to Skills Class Waiver

I understand that the operation of skills classes (gymnastics, cheer, tumbling, etc.) offered at K2 Academy is not regulated by Child Care Licensing. I give permission for my child _____, to be released from Preschool, After School Care, and/or Summer Camp to participate in a skills class. At the end of the skills class my child will return to his/her Preschool, After School Care, and/or Summer Camp program.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

**ASSUMPTION OF RISK • WAIVER OF LIABILITY • SAFETY GUIDELINES AND POLICY ACKNOWLEDGMENT •
PHOTORELEASE • MEDICAL AUTHORIZATION**

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, and ball sports. Being fully aware of these dangers, I hereby give consent for my child to participate in any and all K2 Academy of Kids Sports programs and activities and **I ACCEPT ALL RISKS** associated with that participation.

IN CONSIDERATION FOR ALLOWING MY CHILD'S PARTICIPATION, I HEREBY, FOR MYSELF AND MY CHILD AND OUR RESPECTIVE HEIRS AND SUCCESSORS, COVENANT NOT TO SUE AND FOREVER RELEASE K2 ACADEMY OF KIDS SPORTS, ITS OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, CONTRACTORS AND VOLUNTEERS FROM ALL LIABILITY RESULTING IN DAMAGES OR INJURIES INCURRED AS A RESULT OF PARTICIPATION INCLUDING THOSE RESULTING FROM ACTS OF NEGLIGENCE. I understand and acknowledge that it is my responsibility to review and follow the safety guidelines and policies of K2 Academy of Kids Sports. I understand and acknowledge that a statement of K2 Academy of Kids Sports safety guidelines and policies are available from the Front Office or online at www.k2academy.com. As these safety guidelines and policies may be changed from time to time, I further acknowledge my responsibility to review the safety guidelines and policies of K2 Academy of Kids Sports from time to time. I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child's participation I hereby grant my permission for my child's likeness to be used in K2 Academy of Kids Sports publicity or advertising.

In the event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold K2 Academy of Kids Sports and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child as a result of any injury sustained while participating at or for K2 Academy of Kids Sports. I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and SAFETY GUIDELINES AND POLICY ACKNOWLEDGMENT and PHOTORELEASE and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

Signature of Parent/Guardian

Date



Camper's Name: _____

1st-7th Grade Summer Camp

1st-7th 9:00am-4:00pm	
2 days per week	\$113
3 days per week	\$144
4 days per week	\$170
5 days per week	\$201

1st-7th Full Time 6:30am-6:30pm	
2 days per week	\$139
3 days per week	\$180
4 days per week	\$203
5 days per week	\$230

Additional Summer Camp Fees:

- *Membership Fee must be current (\$35)
- * T-shirt must be purchased if attending camp on any Friday (\$16)
- * Field Trip/Special Activity costs are not included in the daily rates listed above (\$15-\$20)
- * Extended care hours are from 6:30am-9:00am and 4:00pm-6:30pm (\$10 per hour)

Week 1 June 3-7 Let's Take A Trip	Office Use:
Check days attending: <input type="checkbox"/> 4 or 5 days/week: M T W R F <input type="checkbox"/> 3 days/week: M W F <input type="checkbox"/> 2 days/week: T R Please pick desired hours: <input type="checkbox"/> 6:30am-6:30pm <input type="checkbox"/> 9am-4pm	

Week 2 June 10-14 Olympic Games	Office Use:
Check days attending: <input type="checkbox"/> 4 or 5 days/week: M T W R F <input type="checkbox"/> 3 days/week: M W F <input type="checkbox"/> 2 days/week: T R Please pick desired hours: <input type="checkbox"/> 6:30am-6:30pm <input type="checkbox"/> 9am-4pm	

Week 3 June 17-21 Exploring Outdoors	Office Use:
Check days attending: <input type="checkbox"/> 4 or 5 days/week: M T W R F <input type="checkbox"/> 3 days/week: M W F <input type="checkbox"/> 2 days/week: T R Please pick desired hours: <input type="checkbox"/> 6:30am-6:30pm <input type="checkbox"/> 9am-4pm	

Week 4 June 24-28 Foods Around the Europe	Office Use:
Check days attending: <input type="checkbox"/> 4 or 5 days/week: M T W R F <input type="checkbox"/> 3 days/week: M W F <input type="checkbox"/> 2 days/week: T R Please pick desired hours: <input type="checkbox"/> 6:30am-6:30pm <input type="checkbox"/> 9am-4pm	

Week 5 July 1-5 Be A Buddy	Office Use:
Check days attending: <input type="checkbox"/> 4 days/week: M T W X F <input type="checkbox"/> 3 days/week: M W F <input type="checkbox"/> 2 days/week: T F Please pick desired hours: <input type="checkbox"/> 6:30am-6:30pm <input type="checkbox"/> 9am-4pm	



Camper's Name: _____

1st-7th Grade Summer Camp

Week 6 July 8-12 Super Hero Training	Office Use:
Check days attending: <input type="checkbox"/> 4 or 5 days/week: M T W R F <input type="checkbox"/> 3 days/week: M W F <input type="checkbox"/> 2 days/week: T R Please pick desired hours: <input type="checkbox"/> 6:30am-6:30pm <input type="checkbox"/> 9am-4pm	

Week 7 July 15-19 Reduce, Reuse, Recycle	Office Use:
Check days attending: <input type="checkbox"/> 4 or 5 days/week: M T W R F <input type="checkbox"/> 3 days/week: M W F <input type="checkbox"/> 2 days/week: T R Please pick desired hours: <input type="checkbox"/> 6:30am-6:30pm <input type="checkbox"/> 9am-4pm	

Week 8 July 22-26 Acts of Kindness	Office Use:
Check days attending: <input type="checkbox"/> 4 or 5 days/week: M T W R F <input type="checkbox"/> 3 days/week: M W F <input type="checkbox"/> 2 days/week: T R Please pick desired hours: <input type="checkbox"/> 6:30am-6:30pm <input type="checkbox"/> 9am-4pm	

Week 9 July 29-Aug 2 I Can Build It– European Landmarks	Office Use:
Check days attending: <input type="checkbox"/> 4 or 5 days/week: M T W R F <input type="checkbox"/> 3 days/week: M W F <input type="checkbox"/> 2 days/week: T R Please pick desired hours: <input type="checkbox"/> 6:30am-6:30pm <input type="checkbox"/> 9am-4pm	

Week 10 Aug 5-9 Mad Scientist	Office Use:
Check days attending: <input type="checkbox"/> 4 or 5 days/week: M T W R F <input type="checkbox"/> 3 days/week: M W F <input type="checkbox"/> 2 days/week: T R Please pick desired hours: <input type="checkbox"/> 6:30am-6:30pm <input type="checkbox"/> 9am-4pm	

Week 11 Aug 12-15 Space Week	Office Use:
Check days attending: <input type="checkbox"/> 4 days/week: M T W R X <input type="checkbox"/> 2 days/week: M W X <input type="checkbox"/> 2 days/week: T R Please pick desired hours: <input type="checkbox"/> 6:30am-6:30pm <input type="checkbox"/> 9am-4pm	

Week 12 Aug 19-23 European Arts and Culture	Office Use:
Check days attending: <input type="checkbox"/> 4 or 5 days/week: M T W R F <input type="checkbox"/> 3 days/week: M W F <input type="checkbox"/> 2 days/week: T R Please pick desired hours: <input type="checkbox"/> 6:30am-6:30pm <input type="checkbox"/> 9am-4pm	

Front Office: Enrolled in Iclass: ___ Ledger Charged: ___ Payment Applied: ___ Enrolled in Auto Charge: ___ Second Check: ___



Medical Needs Form Camp

SPECIAL NEEDS/Medical Conditions

(please check the appropriate statement)

My child has NO special needs, medical conditions or allergies. _____

YES, my child has special needs, medical conditions or allergies. _____

Please list any allergies, existing illness, previous serious illness/injuries, hospitalizations during the past 12 months, and/or any medications prescribed for continuous, long-term use.

If you have checked YES your child has an allergy, please fill out the allergy action plan on the following page. As per child-care licensing requirements we must have an allergy action plan on file.

Signature of Parent/Guardian _____

POLICY REGARDING SICK CHILDREN

A child who appears ill upon arrival will not be admitted to class. In the event your child becomes ill at K2 we will notify you and your child must be picked up in a reasonable amount of time. Children that are sent home due to fever, diarrhea, or vomiting will not be allowed to attend camp the following day.

TEXAS DEPARTMENT OF PROTECTIVE & REGULATORY SERVICES (TDPRS) *REQUIRES THAT CHILDREN BE FREE OF FEVER, VOMITING, AND/OR DIARRHEA FOR AT LEAST 24 HOURS BEFORE RETURNING TO SCHOOL.*

Our school is not able to meet the needs of sick children.

Signature of Parent/Guardian _____

Date _____

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Date: _____

Food and Environmental Allergy Action

PLEASE COMPLETE IF YOUR CHILD HAS ALLERGIES

Child's Name: _____ DOB _____

Allergic to : _____

Asthmatic Yes* No *High risk for severe reaction.

Signs of an Allergic Reaction

- Mouth itching and swelling of lips, tongue and mouth
- Throat* itching and/or sense of tightness in the throat, hoarseness, and hacking cough
- Skin hives, itchy rash, and/or swelling about the face or extremities
- Gut nausea, abdominal cramps, vomiting, and/or diarrhea
- Lung* shortness of breath, repetitive coughing, and/or wheezing
- Heart* "thready pulse", passing out



* The severity of symptoms can quickly change. All * symptoms can potentially progress to a life threatening situation.

ACTION FOR MINOR REACTION

1. If only symptoms are: _____, give _____

2. Then call:(mother) _____
(father) _____ or emergency contacts.

3. Call Dr. _____ at _____

If condition does not improve within 10 minutes, follow steps for Major Reaction below.

ACTION FOR MAJOR REACTION

1. If ingestion is suspected and/or symptoms are: _____
Give _____ IMMEDIATELY.

2. Call 911.

3. Then call Mother, Father and or emergency contacts at numbers listed above.

4. Then call Dr. _____

DO NOT HESITATE TO CALL THE RESCUE SQUAD!

Signature of Parent or Guardian _____ Date: _____

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Please fill out BOTH Forms on this page

K2 and DS Recreational Services need a copy

**1st– 7th Grade Summer Camp
Car Rider Permission and Waiver of Liability Form**

I, the undersigned and parent/guardian of _____, hereby give my permission for my child to be transported by K2 Academy of Kids Sports and/or its assignees for the Summer Camp Program

I RELEASE K2 ACADEMY OF KIDS SPORTS AND ITS PARTNERS, MEMBERS, ADMINISTRATORS, COACHES, EMPLOYEES AND AGENTS (“RELEASED PARTIES”) FROM ANY AND ALL CLAIMS WHATSOEVER ARISING FROM OR RELATING TO MY PARTICIPATION OR MY CHILDREN’S PARTICIPATION IN K2 ACADEMY OF KIDS SPORT’S SUMMER CAMP PROGRAM. I ALSO AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES FROM THE RELEASED CLAIMS, INCLUDING ANY AND ALL RELATED COSTS, ATTORNEY FEES, LIABILITIES, SETTLEMENTS AND/OR JUDGMENTS.

Signature of Parent/Guardian

Date



**1st– 7th Grade Summer Camp
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Signature of Parent/Guardian

Date

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EMERGENCY CONTACT AND RELEASE FORM

Camp

Student Information

Child's Name _____

Date of Birth _____

Name of Mother/Guardian _____

Contact Number _____

Name of Father/Guardian _____

Contact Number _____

Emergency Information

Physician's Name _____

Phone _____

Please list any persons that we may contact in case of an emergency when parents/guardians cannot be reached. MY CHILD MAY BE RELEASED TO THE FOLLOWING PERSONS FOR EMERGENCY AND NON-EMERGENCY SITUATIONS.

Name	Relationship	Address *REQUIRED*	Phone

Please list anyone who does not have permission to pick up your child _____

Are there any custodial issues that we need to be made aware of: Yes or No

Signature Parent/Guardian

Date

Printed Name of Parent/Guardian

*Please note that a Picture I.D. will be required if we cannot comfortably identify the person picking up your child.



HEALTH FORM

Camp

IMMUNIZATION RECORD

Admissions requirements by the Texas Department of Protective & Regulatory Services: There must be on file, within one week of admission, documentation of immunization records and a written statement from a licensed health professional who has examined the child within the past year.

Summer Camp: Please fill out the Immunization Record Waiver Agreement

IMMUNIZATION RECORD WAIVER AGREEMENT

Camp

Child's Name _____ Date of Birth _____

I certify that a copy of my child's current immunization record is on file at _____ school that my child attends.

Parent/Guardian Signature _____ Date _____

Parent/Guardian's Printed Name

EMERGENCY RELEASE

I grant K2 Academy of Kids Sports permission to transport my child to the hospital in the event of an accident or illness.

Please list preferred emergency facility (name, address, phone) _____

I authorize K2 Academy of Kids Sports to care for my child during the time he/she is in the facility or participating in facility sponsored field trips.

I authorize K2 Academy of Kids Sports to administer and/or obtain emergency medical treatment for the child in the event I or the emergency contact person cannot be reached.

Parent/Guardian Signature _____

MEDICATION RELEASE

I authorize K2 Academy of Kids Sports to administer medication to my child with written instructions provided by myself or my child's physician.

I authorize K2 Academy of Kids Sports to apply the following topical products to my child if necessary: (Products may be provided by parent or K2 Academy of Kids Sports) Sunscreen, Insect Repellent, Diaper Rash Cream/Ointment, Baby Powder, Other _____.

Parent/Guardian Signature _____



PAYMENT PLAN AUTHORIZATION FORM

K2 Academy of Kids Sports

Name on Card _____

Last 4 digits of card number: _____ CVV: _____ Exp. Date _____

Billing Address: _____

Please pick a monthly charge date

Weekly (Thursday)

Monthly on 1st

Monthly on 15th

Special payment arrangements (available upon request): _____

I hereby authorize K2 Academy of Kids Sports to automatically charge the above card for my program(s) tuition payments, the annual Membership Fee upon enrollment and each year on my anniversary month, and all other past due charges that have accrued.

_____	_____
Authorized Signature	Date

_____ I understand that my card will be charged on the date checked above for the balance due on my account.

_____ I understand that there are no refunds for camp, but that account credit can be given for pre-paid camps (minus the \$10 per day change fee) when cancellations is given at least 7 days in advance.

_____ Requests, to change your auto charge date, or credit card number must be submitted 72 hours prior to your current date to guarantee the request.

_____ K2 Academy assesses a late fee on the 16th of each month of \$25 for all tuitions not paid, including those from expired, declined or invalid cards.

_____ Please note, the Annual Membership Fee of \$35 is non-refundable.

OFFICE USE ONLY:

Entered CC info into IClass: _____	Enter Keyword: _____	Charged clients ledger: _____
AR: 2 nd check Keyword: _____	Enter online gateway: _____	

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K2 Campus

Camp Program Participation and Parent Handbook Acknowledgement Form

I, _____, have read the Camp Parent Handbook in its entirety. I understand and agree to follow the rules and procedures that have been presented. ***Please initial the following statements:***

_____ I understand that I need to pack a ready to eat lunch, clearly labeled with my child's name each day he/she attends camp. Lunch is provided on Wednesday and Friday. Check website and parent information board for menu.

_____ I understand that my child should wear comfortable, athletic apparel to camp each day.

_____ I understand that if my child becomes ill at camp that he/she must be picked up in a timely manner.

_____ I understand that my child may not use electronics of any kind at K2 Academy Camp unless instructed by teacher.

_____ I understand that I will be notified of an injury to my child with an incident report as well as a phone call if the injury is not resolved by simple first aid procedures or one application of an ice pack.

_____ I understand that ALL campers must wear their K2 shirt on Fridays (summer only) and that if my child does not wear his/her shirt to camp on Friday and he/she is attending the field trip, he/she will be given a shirt to wear and my account **will be charged** \$16 for the shirt.

_____ I understand that my school age child will only be allowed to attend a field trip if all waivers have been filled out completely and signed.

_____ I understand that K2 has the authority to send a child home if his or her behavior creates an unsafe environment for other children and or staff.

_____ I understand that tuition is due prior to my child attending a day of camp.

_____ I understand that I will be charged an early/late fee of \$10/hour if my child is dropped off before his/her regular drop off time or picked up after his/her regular pick up time. This rate increases to a \$1 a minute after 6:30 pm.

_____ I understand that if a space becomes available in a camp that my child is on a waiting list, I will be called and emailed, my child will automatically be enrolled, my card will be charged. I have 24 hours to cancel by emailing front desk at: frontoffice@k2academy.com

_____ I understand there is a change fee of \$10/day for camp date changes made after June 1st. Notifications of a date change must be received by Monday (7 days) prior to the week of camp. Notifications any time after Monday will result in a forfeit of the entire weeks tuition.

_____ I understand that there are no refunds for camp, but that account credit can be given for pre-paid camps (minus the \$10 per day change fee) when cancellations is given at least 7 days in advance.

_____ I grant K2 Academy permission to use photos of my child in future K2 Academy publications and/or advertising such as brochures, flyers, Facebook and the K2 website.

Parent's Signature: _____ Date: _____

Parent's Printed Name: _____

Child(ren) Attending Camp: _____