

BIG BOUNCE FUN ZONE
2009 Summer Day Camp Enrollment
Ages 4 (Turning 5 by 9/1/09) to 13 years old

PLEASE PRINT:

Camper's Name _____ DOB _____ Age ____ Boy / Girl

Is there another sibling attending camp? If yes, please provide name(s): _____

Parent's / Guardian's Name _____

Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-Mail Address _____

1st Emergency Contact Name _____ Phone _____

2nd Emergency Contact Name _____ Phone _____

Physician's Name _____ Location _____ Phone _____

People Allowed to Pick-up Camper: _____

Please list any known allergies, medications, medical conditions or physical limitations: _____

_____ **\$25.00 REGISTRATION FEE: NON-REFUNDABLE, PAYABLE AT TIME OF ENROLLMENT.**

PROGRAM FEES:

_____ **\$90.00 FULL TIME, ENTIRE SUMMER**

_____ **\$100.00 FULL TIME PER WEEK, ALL DAY**

_____ **\$60.00 PART TIME PER WEEK, HALF DAY CIRCLE TIME: 8:00 – 12:00 1:00 – 5:00**

IF ENROLLING ON A PER WEEK BASIS, CHOOSE FROM THE FOLLOWING WEEKS:

JUN 8-12 JUN 29-JUL 3 JUL 20-24 AUG 10-14

JUN 15-19 JUL 6-10 JUL 27-31 AUG 17-21

JUN 22-26 JUL 13-17 AUG 3-7

_____ **LUNCH OPTION FOR HALF DAY CAMPERS: \$5.00 per day or you may provide a sack lunch.**

DAILY DROP OFF: FULL DAY _____ HALF DAY, 8:00 – 12:00 _____ HALF DAY, 1:00 – 5:00 _____

CHOOSE DAY(S): Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

T-SHIRT ORDER: Youth Size: 6-8 10-12 18-20 Adult Size: S M L XL

Qty: _____ X \$10.00 ea = Total \$ _____

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

In consideration for participation in activities at the Big Bounce Fun Zone facility, I hereby acknowledge and agree to the following terms and conditions: I understand there are inherent risks with participation in Big Bounce Fun Zone activities and that risks of injury include, without limitation, scrapes, bruises, cuts, and even more serious injuries, such as paralysis or death, and I, for myself, my child or ward, fully accept and agree to assume all of these risks, both known and unknown, including risks arising from the negligence of other participant(s).

With the **full understanding of the risks** stated above, I for myself, my child or ward, hereby **release, hold harmless the Big Bounce Fun Zone, LLC**, its owners, officers, members, managers, and employees and their heirs, successors and assigns, in connection with the participation of myself, my child or ward, in any and all activities at the Big Bounce Fun Zone facility. I agree to reimburse any reasonable attorney's fees and costs that may be incurred by Big Bounce Fun Zone, LLC, in the defense of any such liability claim, demand, action or cause of action. In the event that I file a claim or a cause of action against Big Bounce Fun Zone, LLC, I agree to do so only in the State of Florida, Lake County, and further agree that the substantive law of that state shall apply in that action without regard of the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I, for myself, my child or ward, **agree to read, follow and inform my child or ward of all the SAFETY RULES set forth by the Big Bounce Fun Zone**, including posted rules, safety signs and verbal instructions from Big Bounce Fun Zone personnel. I understand that failure to abide by the Safety Rules may result in expulsion from the Big Bounce Fun Zone premises.

POSTED SAFETY RULES FOR THE BOUNCE ARENA:

RULE # 1: HAVE FUN! • WAIVERS and SOCKS are required! • BE CONSIDERATE of younger, smaller children • No Somersaults, Rough Housing, Pushing or Flips • No Climbing on Walls, Nets, Sides or Roof of Equipment • No Climbing UP Slides or Jumping DOWN Slides • Slide down on BOTTOM, FEET FIRST, ONE PERSON AT A TIME • No Gum, Candy, Food or Drinks • No Jewelry, Sharp or Loose Objects in Inflatable's • Eyeglasses should be Secured or Removed!

I agree that Big Bounce Fun Zone reserves the right to dismiss a child from camp whose conduct is not in the best interest of the camp community, without refund. I agree to notify the director if my child has any serious restrictions related to his/her participation in the camp program.

I understand that rules for campers are the same for everyone without regard to race, color, national origin, gender or disability. I understand that all campers will be treated as individuals and respect will be shown for a range of abilities and behaviors. I understand and have read the rules at Big Bounce Fun Zone and agree that good behavior and sportsmanship is essential to a successful camp experience. I agree to help Big Bounce Fun Zone enforce the rules with my child.

I consent to the publication of any photographs taken by Big Bounce Fun Zone personnel for publication on the Big Bounce Fun Zone website or print media. Should it be necessary, I grant permission to the staff of Big Bounce Fun Zone to render first aid to myself, my child or ward. By signing below, I certify that I am the legal parent or guardian of the child for whom I am signing or, if I am not the parent or legal guardian of the child, that I have the express permission of the child's legal parent or guardian.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. BY SIGNING THIS ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY, I VOLUNTARILY AGREE TO ALL TERMS, CONDITIONS AND RESPONSIBILITIES SET FORTH AND ACKNOWLEDGE THAT THIS AGREEMENT IS BINDING FOR MYSELF, MY CHILD/WARD, and the heirs, successors and assigns of myself, my child/ward.

I, AS THE PARENT/GUARDIAN OF THE ABOVE CAMPER, HAVE READ AND AGREE TO ALL THE CONDITIONS OF THIS REGISTRATION.

PARENT/GUARDIAN (SIGNATURE): _____ **Date:** _____

GENERAL RULES & POLICIES:

AGE RANGE: Camp Age Range is 4 (turning 5 by 9/1/09 to 13 years old). All age groups will participate during each camp session but campers will be divided into groups according to their age to ensure the safety and good time of all campers.

FEES POLICY: Registration fees are non-refundable and payable at time of enrollment; Weekly payment is due the Friday before camp starts each week. No Refunds are given if a camper is dismissed from camp due to disciplinary action; No refunds are given if campers leave early due to homesickness or personal commitments. I understand that I am responsible for payment of any monies due to BBFZ as a result of my child attending camp.

DROP OFF / PICK UP POLICY: Campers may arrive at the facility beginning at 7:30 am. Camp ends at 6:00 pm. at which time campers will have free play in our Jump Arena until their parents arrive. Campers should be picked up no later than 6:00 pm. A late pick up fee will apply if camper is not picked up by 6:00 pm, unless prior arrangements have been made. Late pick-up fee is \$10.00 for first 15 minutes (to 6:15 pm) and \$1.00 per minute after 6:15 pm.

CHECK IN / CHECK OUT: For safety reasons we ask that parents/guardians walk their child(ren) into camp each day and sign them in. Please take time to verify who will be picking up the child(ren) at the end of the day. Only those adults designated on the Check-In Sheet will be allowed to pick up the campers. A picture ID will be required in order to confirm authorization. We will not release a child until an authorized person comes into the building and signs the child out.

CHILD IDENTIFICATION: Campers will be issued a numbered wristband, daily, to make sure that they are easily identified and counted throughout the day. If the wristband is lost or torn, it will be replaced and the number will be updated on the child tracking form.

DRESS CODE: Campers should dress for active camp activities. Light t-shirts and long shorts or pants are recommended. Please do not wear clothing with large buttons, snaps, belts, or jewelry. Socks are required.

LUNCHES & SNACKS: We provide lunch and drinks each day. Lunch will consist of pizza, hot dogs, corn dogs or chicken nuggets. Snacks will be provided. If they prefer, children may bring a sack lunch and/or snacks from home. A credit will not be given for children bringing a lunch or snacks from home. Please remember that we are not a peanut-free facility. If your child has any food allergies, please let us know in advance.

CONCESSION/TOKEN SPENDING MONEY: Parents may send CASH to use at our Concession Stand or in the Token Machines. Cash will be put in envelopes and kept in our "bank". When need, children may sign money in and out of their account at the "bank". BBFZ is not responsible for money not deposited in a child's "bank" account.

PERSONAL TOYS/GAMES/ELECTRONIC ITEMS: Please keep toys/games/electronic items at home. Any of these items brought to camp are not the responsibility of BBFZ.

LOST OR STOLEN ITEMS: BBFZ is not responsible for lost, stolen or damaged personal articles.

FIELD TRIPS: I grant permission for the camper named above to participate in all planned camp activities including out-of-camp field trips by van or bus.

CAMP COUNSELORS: Camp Counselors are Education Majors from area Colleges and Universities as well as local high school students. In addition we have employees with their CDA and/or BS degrees.

MEDICATIONS & HEALTH CONDITIONS: Staff members at the Big Bounce Fun Zone are not able to dispense medication of any kind (prescription drugs, inhalers, epi-pens, etc.). We apologize for any inconvenience this may cause. If your child requires routine medication, please arrange for yourself or another adult to administer the medication. **BBFZ is not a peanut-free facility.** We serve peanut products in our facility and cannot guarantee that they will not be exposed to peanuts. **Please let us know if your child has any type of allergies!**

MEDICAL TREATMENT: I hereby authorize the Camp Director to secure treatment of all health issues that arise at camp for child named above. In the event I cannot be reached in an emergency, I give permission to the hospital and/or physician selected by the camp director to secure proper treatment, as they deem necessary, for the child named above. I understand that the Big Bounce Fun Zone does not provide accident/medical insurance. Medical bills, including prescription drugs, will be the responsibility of the parent or guardian named below.

Initials _____