



Please Fill Out All the Following Information:

June	July	August
6/14 - 6/18	7/5 - 7/9	8/2 - 8/6
6/21 - 6/25	7/12 - 7/16	8/9 - 8/13
6/28 - 7/2	7/19 - 7/23	8/16 - 8/20
	7/26 - 7/30	

1) Name of Camper: _____

Age: _____ Birth Date: ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____

E-mail Address: _____

2) Mother's Name: _____

Mother's Cell #: _____ Mother's Work #: _____

Father's Name: _____

Father's Cell #: _____ Father's Work #: _____

Do both Parents have permission to pick child/children up? Yes _____ No _____

If no, please list which parent CANNOT pick-up: _____

3) Emergency Contact (other than Parents): _____

Relation to Camper: _____

Home #: _____ Work #: _____

Cell#: _____

(this person will be allowed to pick up your child in case of an emergency).

4) Please list any information we should know about your child (medication, allergies, limitations, special needs, etc.) Please Include food allergies, insect bites, etc.

5) Please list additional people who may pick-up your child (they will be asked to show their driver's license). If anyone other than the people listed below is going to pick up your child, you must send a note. If you have changes to this list (additions or deletions) anytime during the camp, you must notify the Camp Director.

1) _____

5) _____

2) _____

6) _____

3) _____

7) _____

4) _____

8) _____

Current Swimming Skills:

Permission to Administer Physician Prescribed Medication

All parents/guardians are encouraged to administer all physician medication(s) to their children before or after Aquaventure Swim Camp. We understand there will be unusual cases which may arise, and the day camp's supervisor may be requested to administer medication. By completing the information below we will, in some circumstances, authorize Aquaventures Swim Camp Supervisor to administer physician prescribed medication(s) that are stored in current prescription bottle(s).

Parent Authorization to Administer Physician Prescribed Medication

Child's Name:	Name of Medication:
Dosage:	Side Effects:
Physician's Name:	Times to be given:
Physicians Phone Number:	Dates to be given:
Parents Signature:	
Date:	

For Staff Only

Week Of:

Week Of:

Date	Time	Initials
-------------	-------------	-----------------

Date	Time	Initials
-------------	-------------	-----------------

Week Of:

Date	Time	Initials

Week Of:

Date	Time	Initials

Week Of:

Date	Time	Initials

Week Of:

Date	Time	Initials

Aquaventure Swim Camp

Sunscreen and Bug Spray Permission Form

Camper(s) Name: _____

Camp: _____

I give permission for a staff member of Aquaventure to apply sunscreen and bug spray to my child. I understand that I must supply the sunscreen and bug spray with their name clearly written on the bottle.

Parent Signature: _____

Date: _____

Aquaventure Transportation Field Trip Waiver

I, (Parent/Guardian) _____, grant permission for my child, (Child's Name) _____, to participate in this field

trip event that requires transportation. This activity will take place under the guidance and direction of employees and/or volunteers from AQUAVENTURE SUMMER CAMP.

A brief description will be available weekly at the beginning of each summer camp week. All expenses and added fees due to location and participation of certain events will need to be covered by the parent/guardian as they are not included in the weekly payment of the summer camp program.

As parent and/or guardian, I remain legally responsible for any personal actions taken by the above named minor participant.

In consideration of my use of the facilities located at Aquaventure, I hereby, on behalf of myself and my child, my heirs, executors, administrators, successors and assigns, expressly release, discharge and covenant not to sue Aquaventure and its affiliates, insurers, employees, officers, directors, and associates, FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF AQUAVENTURE OR OTHERWISE; AND I FURTHER AGREE that if, despite this AGREEMENT, I, or anyone on my behalf, makes a claim against Aquaventure, I WILL IDENTIFY, SAVE, AND HOLD HARMLESS Aquaventure from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim. By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me and my child, and I hereby fully and forever release and discharge Aquaventure, its insurers, employees, officers, directors, and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out the use of Aquaventure's facilities.

Parent/Guardian Signature: _____

Date: _____

Aquaventure Camp Policies

Camp Hours:

7:30am – 6:00pm

Total Cost Per Week:

\$180/Child

Age Guidelines

Aquaventure Summer Camp is for children ages 5 to 12 years old. The participants will be a cohesive group. Unless certain activities dictate separate age group

Pick-up/ Drop-Off Procedures

The entrance to Aquaventure Camp is on the left side of the building. The designated entrance door will be marked with a sign. Parent/Guardians must walk their child to the camp door and sign their child in/out. Temperature checks will be done at drop off and pick up, if the temperature is above 100.4 then the child will not be permitted to enter camp due to COVID-19 health guidelines.

Late Pick-Up Policy

There will be a late fee assessed for children who are picked up after 6:00pm. The late fee is \$1.00 for each minute past 6:00pm. Repeated late pick ups may result in the removal of the participant from the program, with no refund for prepaid programs.

Dress Code

Aquaventure recommends that all participants wear light clothing and closed toed shoes. Jackets or cardigans are recommended for indoor activities. The campers will also need a swimsuit packed every day along with a towel.

Lunch

Children must bring a packed lunch and drink in a non-glass container Monday through Thursday. Every Friday, Aquaventure will provide lunch for all campers. Aquaventure will also provide one snack each day for all campers.

Discipline Policy

Aquaventure staff will create a fun and safe environment for participants in the program. Praise and positive reinforcement are used as effective methods of behavior management. Children who do not respond to these methods or who are destructive to others or to property will be dealt with in a professional, positive and timely manner to correct the behavior. The following procedure will be followed for behavior management. All incident reports will be discussed privately with parents and guardians and a copy of each report will be kept on file at Aquaventure.

Strike 1: Verbal Warning to child.

Strike 2: 15 Minute sit out from weekly pool party

Strike 3: Contact Parent/ Guardian + 30 minute sit out from pool party

Note: Immediate dismissal from the camp can occur at any time given severe circumstances. Refunds for missed days due to discipline dismissal will not be granted.

Meditation Hour

Aquaventure Summer Camp sets aside one hour of everyday for meditation. During this time campers are more than welcome to read, color, draw, play on an electronic device with headphones or nap. This is useful for the campers to take a moment for decompressing and relaxing before continuing the second part of their day. The only requirement for this time is for the children to be quiet in respect toward other campers who have chosen to nap. The quiet atmosphere allows campers to reflect on their day, decisions they've made, and helps keep the fun, creative attitude for the rest of the day.

Note: If the camper did not bring headphones they are not allowed to use their electronic device.

Deposit

All payments are due at the time of registration. When paying for multiple children or multiple weeks of camp, a deposit of \$90.00 (per child and per week) is due at the time of registration to confirm your reservation.

Refund

A full refund will be honored 60 days prior to the start date of the camp week you reserved. A 50% refund will be honored 30 days prior to the start date of the camp week you reserved. No refund will be honored past the 30th day prior to the start date of the camp week you reserved.

FACILITY USE AGREEMENT AND WAIVER/RELEASE

I and my child agree to comply with all rules imposed by Aquaventure Winterville Aquatic Campus, (hereafter referred to as "Aquaventure") regarding the use of its facilities and equipment. I and my child agree to conduct ourselves in a controlled and reasonable manner at all times, and to refrain from using any equipment in a manner inconsistent with its intended design and purpose.

I and my child understand and acknowledge that the use of exercise equipment, swimming pool and/or participation in swimming or exercise programs involves risk of serious injury, including permanent disability and death. Aquaventure does not assume responsibility for any such risks. I and my child agree to use the facility and all equipment (including the swimming pool) AT OUR OWN RISK, and WE FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES WE incur as a result of OUR participation in any activities or use of the facilities.

In consideration of my use of the facilities located at Aquaventure, I hereby, on behalf of myself and my child, my heirs, executors, administrators, successors and assigns, expressly release, discharge and covenant not to sue Aquaventure and its affiliates, insurers, employees, officers, directors, and associates, FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF AQUAVENTURE OR OTHERWISE; AND I FURTHER AGREE that if, despite this AGREEMENT, I, or anyone on my behalf, makes a claim against Aquaventure, I WILL IDENTIFY, SAVE, AND HOLD HARMLESS Aquaventure from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim. By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me and my child, and I hereby fully and forever release and discharge Aquaventure, its insurers, employees, officers, directors, and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out the use of Aquaventure's facilities.

I understand and agree that Aquaventure Winterville Aquatic Campus is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT AN INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOT WITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Parent/Guardian Signature: _____

Date: _____