



2015 Summer Camp Registration Form

All forms can be found online: <http://www.someoneinit.com/>

New Camper Returning Camper

Office Use Only: Identification Number		Age:	Gender:
Camper's Name: (Last) (First)		Date of Camp Week:	Birth Date: (Required)
Street Address:		School Attending 2015-2016:	
City:	State:	Zip:	Parent/Guardian email (used to confirm registration)
Parent/Guardian Work-Company Name:		Are there custody arrangements we should know about? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide documentation if applicable.	
1st Parent/Guardian Name:		2nd Parent/Guardian Name:	
Home Phone #:		Home Phone #:	
Work Phone #:		Work Phone #:	
Cell Phone #:		Cell Phone #:	

Emergency Contact:

(Please provide the name of someone NOT listed above - parents/guardians listed above will always be contacted first)

Name:	Relationship:	Phone #:
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Parent Guardian Consent:

The following individuals are authorized to pick up my child at the end of the camp day:

Name:	Relationship:	Phone #:
Name:	Relationship:	Phone #:
Name:	Relationship:	Phone #:

Health Related Information:

Allergies:	Physicians Name:	Phone #:
Name of Primary Health Insurance:	Group Number:	Agreement Number:

How did you hear about our camp? _____

Please Note: All sections of this registration form must be completed in their entirety. Incomplete information can result in delays in processing your child's camp registration. Please take a moment to make sure that all information is accurate.

**Mail or Scan your completed forms:
SomeoneinIT • Camp Office
1299 Main St. Ste. C, Dunedin, FL 34698
Phone: 727.753.8487
email: chris@someoneinit.com**

Summer Camp Authorization Form

Camper's Preferred Name: _____

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child, in the event of an emergency at which time I cannot be reached.

(Child's Full Name) _____

I also give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian _____

Date _____

Location: STATE OF FLORIDA COUNTY OF PINELLAS

Authorization for Summer Camp(s) and Extended Care

- I understand that SomeoneinIT will not assume responsibility for accidents and/or medical or dental expenses received as a result of participation in the camps.
- I give permission to SomeoneinIT staff to dispense the medication(s) listed on the Medication Administration Form, if any, to my child according to the information provided above. In the event that the emergency contacts cannot be reached, I hereby grant SomeoneinIT staff permission to give whatever immediate treatment is necessary and/or take my child to the nearest Hospital Emergency Room. On behalf of myself and my child, I release SomeoneinIT, its officers, faculty, and employees from any and all claims arising from emergency treatment and/or administration of medication with respect to my child.
- I understand that no reduction in the tuition will be made for late arrival or early departure.
- I understand that no part of my tuition will be returned if my child should be dismissed from camp.
- I give SomeoneinIT consent to use the name and/or photograph/video of my child for inclusion in promotional and informational and other materials. This includes (but is not limited to) newspaper, television and brochures. I waive the right to approve such uses. Names will never be published.
- I understand and acknowledge that participation in the camp and related activities carries with it the possible risk of physical injury. On behalf of my child, I assume all such risk of physical injury and hereby release and forever discharge SomeoneinIT, its officers, faculty, and employees from any and all liability, claims, expenses or losses arising from bodily injuries or damage to people or property resulting from my child's involvement and participation in the camp. I further acknowledge and agree that I will be fully responsible for any and all losses or damages that my child inflicts upon any person or upon the SomeoneinIT facilities during participation in the camp.
- A healthy snack will be provided during the camper's day, please list any food allergies in the appropriate section.

Payments:

- Deposits: The first fifty dollars (\$50) of your camp payment is considered a deposit to hold your child's camp seat. Deposits are nonrefundable.
Refund: If your child is unable to attend a camp in which he/she is enrolled, you may request a refund for any amount paid over and above the \$50 deposit before the 2 week start period.
- Full Tuition is due 2 weeks before the camp start date and is then non refundable.

Once SomeoneinIT receives the signed registration forms you will receive an invoice for the deposit in email format that you may pay in either mailed check, cash drop off or secure credit card payment on-line. You may also pay in full if that is more convenient for your records. Camp hours are from 9:00 to 12:15, Monday to Friday.

After Camp Care my be available upon request from 12:15 to 5:15 at a rate of \$8 an hour. Please email chris@someoneinit.com to setup payment options once the registration and deposit is completed. Campers will not be provided with direct instruction during this time, but will be supervised and have access to the PC Tech Room and Tech Lounge. Wifi will be available for campers.

I have carefully read all of the information, policies and procedures above I agree to all the terms and conditions.

I am the legal guardian of the camper.

Parent/Guardian Signature: _____ Date: _____

SomeoneinIT Summer Camp
Medication Record
Only to be filled out if medication is required

Child's Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Mother's Name _____

Work # _____ Cell # _____ Home # _____

Father's Name _____

Work # _____ Cell # _____ Home # _____

I hereby authorize the SomeoneinIT Staff to administer to my child,
 _____, the following medicine:

Medicine** _____ at (time) _____

in the amount of _____ during (date) _____

to be administered (how?...orally, topically, in or on what?) _____

Parent's Signature _____ Date _____

****NOTE: MEDICINE MUST BE IN ORIGINAL CONTAINER WITH CURRENT DATES, MARKED WITH NAME OF PATIENT, MEDICINE AND DOSAGE.****

LOG OF MEDICINE ADMINISTERED (FOR STAFF USE ONLY)

Date	Time	By	Date	Time	By	Date	Time	By