

**American Learning Systems, Inc.**  
 d/b/a American Heritage Summer Day Camp  
 Hereafter referred to as:

**American Heritage Summer Day Camp**

**Camper Application/Contract 2010**

**Camper Information:**

Deposit \$ _____	Date _____
Sess. I \$ _____	Date _____
Sess II \$ _____	Date _____
Sess III \$ _____	Date _____
PIN__ Wvr__ PA__ CP__ CM__ ExC__ BC__ SS__	
Cash__ Ck__ MO__ Visa__ MC__ AmX__	
Custody _____	(OFFICE USE ONLY)

**CAMPER # 1**

(Camp will assign) **Cabin #** \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Date of Birth \_\_\_\_\_ School Attending Sept. 2010 \_\_\_\_\_ Grade Entering Sept. 2010 \_\_\_\_\_

Camp Attended Summer 2009 \_\_\_\_\_ PIN (Security Code) \_\_\_\_\_

Friend request: **1st** \_\_\_\_\_ **2nd** \_\_\_\_\_ Dismissal Notes: \_\_\_\_\_

<p><b>Session I- (6/14 - 7/2)</b>  <i>Day Camp</i>__ <i>Combo</i>__ <i>Tennis</i>__          Weeks: <b>1</b>__ <b>2</b>__ <b>3</b>__</p> <p><b>Sports Camp:</b> Soccer (6/14-6/25) __          Baseball (6/28 - 7/2) __</p> <p><b>Drama:</b> (6/14 - 7/23) __ (6 weeks – No Pro-ration)</p>	<p><b>Session II- (7/5 - 7/23)</b>  <i>Day Camp</i>__ <i>Combo</i>__ <i>Tennis</i>__          Weeks: <b>1</b>__ <b>2</b>__ <b>3</b>__</p> <p><b>Sports Camp:</b> Football (7/5 - 7/16) __          Baseball (7/19-7/23) __</p>	<p><b>Session III- (7/26 - 8/13)</b>  <i>Day Camp</i>__ <i>Combo</i>__ <i>Tennis</i>__          Weeks: <b>1</b>__ <b>2</b>__ <b>3</b>__</p> <p><b>Sports Camp:</b> Basketball (7/26-8/6) __          Baseball (8/9-8/13) __</p>
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**CAMPER # 2**

(Camp will assign) **Cabin #** \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Date of Birth \_\_\_\_\_ School Attending Sept. 2010 \_\_\_\_\_ Grade Entering Sept. 2010 \_\_\_\_\_

Camp Attended Summer 2009 \_\_\_\_\_ PIN (Security Code) \_\_\_\_\_

Friend request: **1st** \_\_\_\_\_ **2nd** \_\_\_\_\_ Dismissal Notes: \_\_\_\_\_

<p><b>Session I- (6/14 - 7/2)</b>  <i>Day Camp</i>__ <i>Combo</i>__ <i>Tennis</i>__          Weeks: <b>1</b>__ <b>2</b>__ <b>3</b>__</p> <p><b>Sports Camp:</b> Soccer (6/14-6/25) __          Baseball (6/28 - 7/2) __</p> <p><b>Drama:</b> (6/14 - 7/23) __ (6 weeks – No Pro-ration)</p>	<p><b>Session II- (7/5 - 7/23)</b>  <i>Day Camp</i>__ <i>Combo</i>__ <i>Tennis</i>__          Weeks: <b>1</b>__ <b>2</b>__ <b>3</b>__</p> <p><b>Sports Camp:</b> Football (7/5 - 7/16) __          Baseball (7/19-7/23) __</p>	<p><b>Session III- (7/26 - 8/13)</b>  <i>Day Camp</i>__ <i>Combo</i>__ <i>Tennis</i>__          Weeks: <b>1</b>__ <b>2</b>__ <b>3</b>__</p> <p><b>Sports Camp:</b> Basketball (7/26-8/6) __          Baseball (8/9-8/13) __</p>
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**CAMPER # 3**

(Camp will assign) **Cabin #** \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Date of Birth \_\_\_\_\_ School Attending Sept. 2010 \_\_\_\_\_ Grade Entering Sept. 2010 \_\_\_\_\_

Camp Attended Summer 2009 \_\_\_\_\_ PIN (Security Code) \_\_\_\_\_

Friend request: **1st** \_\_\_\_\_ **2nd** \_\_\_\_\_ Dismissal Notes: \_\_\_\_\_

<p><b>Session I- (6/14 - 7/2)</b>  <i>Day Camp</i>__ <i>Combo</i>__ <i>Tennis</i>__          Weeks: <b>1</b>__ <b>2</b>__ <b>3</b>__</p> <p><b>Sports Camp:</b> Soccer (6/14-6/25) __          Baseball (6/28 - 7/2) __</p> <p><b>Drama:</b> (6/14 - 7/23) __ (6 weeks – No Pro-ration)</p>	<p><b>Session II- (7/5 - 7/23)</b>  <i>Day Camp</i>__ <i>Combo</i>__ <i>Tennis</i>__          Weeks: <b>1</b>__ <b>2</b>__ <b>3</b>__</p> <p><b>Sports Camp:</b> Football (7/5 - 7/16) __          Baseball (7/19-7/23) __</p>	<p><b>Session III- (7/26 - 8/13)</b>  <i>Day Camp</i>__ <i>Combo</i>__ <i>Tennis</i>__          Weeks: <b>1</b>__ <b>2</b>__ <b>3</b>__</p> <p><b>Sports Camp:</b> Basketball (7/26-8/6) __          Baseball (8/9-8/13) __</p>
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**ADDITIONAL SERVICES**

❖ **Bus Service:** Door to Door \_\_\_\_\_ Central/Express \_\_\_\_\_ AM Only \_\_\_\_\_ PM Only \_\_\_\_\_ AM/PM \_\_\_\_\_

❖ **Extended Day Care:** AM Only \_\_\_\_\_ PM Only \_\_\_\_\_ AM/PM \_\_\_\_\_

(OVER)

# Family Information:

Father's Name \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_  
Street Apt. #  
City State Zip Code

Place of Employment \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_

Email \_\_\_\_\_

Mother's Name \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_  
Street Apt. #  
City State Zip Code

Place of Employment \_\_\_\_\_

Home # \_\_\_\_\_ Work# \_\_\_\_\_

Cell # \_\_\_\_\_

Email \_\_\_\_\_

**Custody Arrangements:** Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_

If Parents are Divorced/Separated, who has **primary** custody? \_\_\_\_\_

Who has custody while camper is **attending camp**? \_\_\_\_\_

Is second Parent allowed to pick up Camper(s)? Yes \_\_\_\_\_ ♦ No \_\_\_\_\_

Are there **Court Documents** filed regarding the Custody and/or Release of Camper(s)? Yes \_\_\_\_\_ ♦ No \_\_\_\_\_

**If Yes; please provide a copy to the Camp Office.** (Papers rec'd by \_\_\_\_\_ Date \_\_\_\_\_)

## Authorized Release

List three people (in addition to Mom & Dad) who are authorized to pick up and/or assume temporary care of your child(ren).  
Each person listed must provide Camper's PIN at time of release.

Name:	Home Phone #:	Cell Phone #:	Relation to Camper:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

## Secondary Insurance

Secondary Camper Accident Insurance is provided. Coverage is for injury during the hours and days when camp is in session and while attending or participating in camp sponsored and supervised activities on or off camp premises. Benefits are the maximum amount payable for covered expenses not recoverable from another plan providing medical benefits.

## Acknowledgement

(PLEASE READ)

My/Our signature(s) below indicates my/our intent and agreement for the noted Camper(s) to attend camp at American Heritage Day Camp. I/We also acknowledge that, (1) **no refunds** will be issued after **May 14, 2010**, and (2) all camp fees **PAID IN FULL** by **February 12, 2010** will be discounted ten percent (**10%**), no discounts will be given after this date.

**\*\*Both Parents MUST sign below, unless the Camp, in it's discretion, permits enrollment with one parent's signature.**

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

**American Learning Systems, Inc.**  
**d/b/a American Heritage Summer Day Camp**  
12200 West Broward Boulevard  
Plantation, FL 33325  
Phone: 954-472-0022 ♦ Fax: 954-370-6069

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**Release, Waiver, Financial Responsibility, and Authorization**

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- As a Parent or Guardian, I agree that I will be responsible for any loss, damage or destruction by my camper to any property of The American Heritage Summer Day Camp or to any property for which The American Heritage Summer Day Camp is liable or chargeable.
- Parent agrees to allow the American Heritage Summer Day Camp to use my/our camper's photograph, image, likeness, and/or voice in camp publications, promotional materials, website, DVD's, videos, CD's, or other mediums, without compensation and without prior notice. I/we release and hold the camp harmless from any liability stemming from such use.
- I agree to pay American Heritage Summer Day Camp in full (at the published rate and on date due) for all services requested.
- American Heritage Summer Day Camp may unilaterally dismiss a Camper should it determine that the conduct of the Camper, parent/guardian, or other family member is not in the best interest of The Camp. No Refunds will be issued in the event of such dismissal.

Parent understands that reasonable precautions are taken to ensure that the programs and activities, at American Heritage Summer Day Camp, are conducted by qualified personnel, in a safe and responsible manner. However, parent further understands that because of the nature of some activities within the camp program, there is a possibility of accidental injury. These activities include (but are not limited to) swimming, ice skating, roller skating, horseback riding, field sports, archery, and canoeing. Parent recognizes these risks and agrees to allow his/her child to participate in the programs and activities. Parent agrees, individually, and on the behalf of parent's minor child(ren) to assume these risks and waive, release and discharge, and covenant not to sue, American Heritage Summer Day Camp, American Learning Systems, Inc., American Heritage School of Plantation, Inc., and each of its employees, directors, trustees, agents, and insurers, and volunteers (Collectively the "Releasees") from any and all liability and/or claims, suits, damages, injury, disability, death, costs and expenses, whether arising before, during or after the participation in the camp activities (including any motor vehicle transportation, morning care, afternoon care, or administration of medicines/treatment) and whether caused by the sole or joint negligence, gross negligence, or tortuous act or omission of the Releasees or any third party (Collectively the "Claims"). Notwithstanding anything herein to the contrary, the willful misconduct of the Releasees is expressly excluded from the scope and application of this Waiver and Release. The Releasees hereby knowingly and voluntarily waive, to the fullest extent permitted by law, the benefits of any statute, law, rule, or common law, which may limit the scope of this Waiver and Release.

If I cannot be reached, I hereby give permission for emergency medical treatment, emergency transportation, hospitalization, anesthesia, x-rays or necessary injections for my child(ren), and will be responsible for the bills of same. This authorization does not include major surgery, unless life-threatening, and only then when the medical opinions of two (2) licensed physicians or dentists concur in that treatment.

**Refund Policy**

Parent understands that the following deposits and fees are **NON-REFUNDABLE** and **NON-TRANSFERABLE** under all circumstances:

- 1.) the \$100 deposit per camper per session / \$200 deposit per camper - if camper is enrolled in Drama Camp
- 2.) transportation fees
- 3.) extended day care fees

In addition, once camper is enrolled, Parent understands and agrees that there will be absolutely no refunds of tuition paid unless Parent cancels this contract in strict accordance with the cancellation procedures, as follows: Parent must submit a letter of cancellation so that it is received by the Camp Director no later than May 14, 2010. In the event of timely cancellation, Parent will receive refund of all amounts paid in excess of the non-refundable, non-transferable deposits and fees stated above. After May 14, 2010, there will be absolutely no refunds of any amounts for any circumstances, including, but not limited, to extended illness, family emergency, hurricane/tropical storm watch/warning closures, expulsion, or withdrawal. In addition, in the event of closure for hurricane/tropical storm watches/warning, the camp will not issue make-up days.

\_\_\_\_\_ / \_\_\_\_\_ *My initials to the left indicate I have read and agree to abide by the Camp Refund Policy.*  
*Both Parents MUST sign below to indicate that you have read the above Statement and agree to abide with the terms stated.*

Camper's Name(s) list all: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
Please Print

Father's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Please Print

Mother's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Please Print