



**PINE JOG ENVIRONMENTAL EDUCATION CENTER**

**College of Education**

6301 Summit Blvd.

West Palm Beach, FL 33415-0991

tel: 561.656.5430

fax: 561.656.5453

www.pinejog.fau.edu

pinejogassp@pinejogassp.fau.edu

**SPRING CAMP JUNIOR COUNSELOR REGISTRATION FORM 2018**

**\*\*One per child\*\***

CURRENT GRADE		STUDENT LEGAL NAME (last, first, middle)		
STUDENT ALSO KNOWN AS	SEX	AGE	DATE OF BIRTH	T-SHIRT SIZE <input type="radio"/> S <input type="radio"/> M <input type="radio"/> L <input type="radio"/> Adult Sm <input type="radio"/> Adult Med

**PARENT INFORMATION**

PARENT OR LEGAL GUARDIAN (first, middle initial, last)		PLACE OF EMPLOYMENT	
HOME ADDRESS ( street number, city, state, zip code)			
HOME TELEPHONE	BUSINESS TELEPHONE	CELL NUMBER	EMAIL ADDRESS (Required)
PARENT OR LEGAL GUARDIAN (first, middle initial, last)		PLACE OF EMPLOYMENT	
HOME ADDRESS ( street number, city, state, zip code)			
HOME TELEPHONE	BUSINESS TELEPHONE	CELL NUMBER	EMAIL ADDRESS (Required)

1. At which phone number(s) can we best reach you? \_\_\_\_\_

2. Indicate with whom the child lives (check only one):

Both Parents     Mother     Father     Other \_\_\_\_\_

3. Person responsible for payments of fees:

Both Parents     Mother     Father     Other \_\_\_\_\_



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4. IMPORTANT, EVERYONE MUST ANSWER THIS QUESTION:

A. Is there a visitation or other Florida court order barring either parent from removing the student during the Summer Day Camp?  YES  NO      If yes, **PLEASE PROVIDE A COPY OF THE FLORIDA COURT ORDER.**

B. Parents DO have shared parental responsibility.      Yes  No

5. Provide the name(s) of person(s), other than the parent, allowed to pick up the camper.

NAME (last, first, middle initial)	RELATION TO CAMPER	TELEPHONE	CELL NUMBER

6. Please provide a password to be used for picking up camper.

(Limited to 10 characters)

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DATE OF APPLICATION:: _____	NAME OF SCHOOL ATTENDING: _____
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STUDENT LEGAL NAME (LAST, FIRST, MIDDLE)

**HEALTH INFORMATION**

1. Does your child currently have health insurance? es no  
If yes, check your child's health insurance plan: Medicaid Healthy Kids / Kids Care Private
2. Does the student have any allergies? es no If yes, please specify allergy:

3. List JC's illnesses, behavior issues, medications or physical limitations. **(Required)**

4. Medication(s) student currently takes \_\_\_\_\_

5. Physician's Name \_\_\_\_\_ Telephone \_\_\_\_\_

**IN CASE OF EMERGENCY:**

I, as the parent or legal guardian of student camper, hereby authorize such diagnostic, medical and/or surgical treatment of a minor as may be considered necessary or appropriate under the circumstance for the treatment of any illness or injury of the minor, including any related transportation to a medical facility or provider. I hereby release and otherwise hold harmless the attending physician, appropriate staff, and Florida Atlantic University, the Pine Jog Summer Day Camp, and their officers, employees, contractors, agents, and volunteers (collectively, the "FAU Parties") from legal liability or any consequences from such diagnostic, medical, and/or surgical treatment, and thereby release the FAU Parties from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes and agreed to pay for all costs associated with such medical services. (Every effort will be made to contact the parent immediately).

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

STUDENT LEGAL NAME (LAST, FIRST, MIDDLE)

## PAYMENT POLICY

### REFUNDS POLICY:

No refunds are provided on tuition fees for absences, vacations, or withdrawals from the summer camp program.

**\*\*\*NO EXCEPTIONS MADE\*\*\***

I understand and agree with the non-refundable policies.

### NFS POLICY:

If a check is returned because of insufficient funds, Florida Atlantic University Controller Office will contact you for further payments. Future payments must be made in cash.

### FEES POLICY AND FEES SCHEDULE:

Please see SPRING Camp Fee Schedule attached for due date. Continued enrollment in our program is dependent upon timely payments of fees.

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SIGNATURE OF PARENT / GUARDIAN

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DATE

STUDENT LEGAL NAME (LAST, FIRST, MIDDLE)

**PARENT PERMISSIONS AND TERMS OF AGREEMENT**

**PARENTAL CONSENT FOR RELEASE OF CAMPER'S PHOTOGRAPH INFORMATION:**

I hereby give permission for the FAU Parties to use my child's photograph, video image, voice recording, and identifying information, in publications or in school or District-approved news media interview, articles and presentations. I understand that without my signature, my child's name and photograph cannot and will not be included in any publications or presentations.

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

**PARENT ACKNOWLEDGEMENT: (Please make sure that you have received the Summer Camp JC Handbook)**

I understand that the FAU/Pine Jog Summer Day Camp policies and procedures have been developed to maximize the safety of all children and the fiscal stability of the program. I have received and read the Parent Handbook and understand the program policies. I have discussed the rules of the program with my children.

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

**CODE OF CONDUCT: (Attached).**

I understand and certify that my child's participation in the FAU/ Pine Jog Summer Day Camp Program and its activities is completely voluntary. I have familiarized myself with the Program and the activities in which my child will be participating. I recognize and have instructed my child in the importance of knowing and abiding by the student's CODE OF CONDUCT for safety of all students' participants.

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

**FIELD TRIP RELEASE NOTIFICATION:**

Parent/Guardian may not drop off students at field trips sites and students will not be released at field trip locations without prior approval.

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

STUDENT LEGAL NAME (LAST, FIRST, MIDDLE)

**PARENT PERMISSIONS AND TERMS OF AGREEMENT (Cont)**

**SPORTS / ACTIVITY PERMISSION AND RELEASE:**

I hereby give permission for my child/children to participate in sports, swimming, and activities offered through FAU Pine Jog summer Day Camp. I understand that the FAU/ Pine Jog Summer Day Camp Program does not provide medical or liability insurance covering injuries of any nature. I hereby release and hold harmless the FAU Parties from any and all claims, demands, and causes whatsoever in any way growing out of or resulting from participation of my child, INCLUDING WITHOUT LIMITATION THOSE CAUSED BY THE NEGLIGENCE OF THE FAU PARTIES.

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

**MOVIES:**

During the course of our programs, we will show a variety of movies to our students. Some selections may be PG rated. I give permission to my child to participate during movie time.

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

**SWIMMING:**

My child can swim       My child cannot swim   
Level:    Beginner                       Intermediate                       Advance

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

**TOPICAL APPLICATION:**

Listed below are topical creams or sprays that FAU/Pine Jog staff can apply due to sun exposure, bug bites and cuts. Please indicate whether you would like the following items applied by a staffer.

	YES	NO
Sunblock		
Bug Spray		
After Bite (for bug bites)		
Neosporin (for cuts & scrapes)		

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

## Camp Fee Schedule

Week Attending Camp	Payment Due Date
March 19 <sup>th</sup> - March 23 <sup>rd</sup>	<b>Due Date</b> <b>Monday, March 05<sup>th</sup>, 2018</b>

### **Withdrawal or Schedule Changes Policy**

If you withdraw your child from the program or make any changes to the schedule after the payment due date, no refunds will be given.

## 2018 Junior Counselor Application

What contributions do you think you can bring to our camp?

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Please list your hobbies:

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Why would you like to participate in an Environmental Spring Camp?

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# 2018 Junior Counselor Application

## SPRING CAMP CODE OF CONDUCT

The staff of the FAU Pine Jog Spring Camp Program is committed to providing a safe and enjoyable experience for all the attendees in the camp. **PARENTS ARE RESPONSIBLE TO MAKE SURE THEIR CHILD(REN)/JC's UNDERSTAND THE GUIDELINES BELOW. You must review this CODE OF CONDUCT!**

### BEHAVIOR

1. JC's must respect each other.
2. JC's will not tease each other for any reason.
3. JC's must respect others and their property. Campers and JC's will refrain from touching others in any harmful or inappropriate way.
4. JC's will not use foul language.
5. JC's will follow directions the first time they are given. Our directions are for the safety of students and second chances may be too late.
6. JC's must listen to their instructor or visiting instructor.

### SAFETY

7. JC's must wear closed-toe/closed-heel shoes at all times, except when participating in a water activity. Water shoes are required for these activities.
8. JC's must pay attention to their surroundings and use care in all activities.
9. JC's will adhere to all safety rules and regulations given for each activity he/she participates in while in the Summer Day Camp program.

### GENERAL

10. **JC's are expected to wear appropriate clothing and wear the Spring Camp Shirt.**
11. JC's must inform staff if they are experiencing a problem with another camper or other issues. If we are not informed about a problem we cannot stop the problem or assist the camper/JC.
12. We expect all JC's to have FUN in the Spring Camp program but not at the expense of others.

I have read the above **SPRING CAMP CODE OF CONDUCT**. I agree to adhere to all of the above to ensure that my Spring Camp experience as well as other students in attendance at the FAU Pine Jog Spring Camp Program is a positive one. **I understand that failure to adhere to these rules may result in my dismissal from the program.**

Junior Counselor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

I understand and certify that my child's participation in the FAU Pine Jog Spring Camp Program and its activities is completely voluntary. I have familiarized myself with the Spring Camp Program and the activities in which my child will be participating. I recognize and have instructed my child in the importance of knowing and abiding by the **CODE OF CONDUCT** for safety of all students participants.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

## IMPORTANT INFORMATION

PRICE: (non-refundable)

Fee: \$50.00

(Make checks to F.A.U, pay online at [www.pinejog.fau.edu](http://www.pinejog.fau.edu) , money order or cash)

**Application Deadline: FRIDAY, March 05<sup>th</sup>, 2018.**