



# OZONE CAMP

## REGISTRATION FORM

Completed form can be mailed or dropped off at:  
 The Ozone  
 11169 Air Park Rd  
 Ashland, VA. 23005

### Child's Information

<b>Child's Name</b>	<b>Nickname</b>	<b>Date of Birth</b>	<b>Gender</b> M or F
<b>Street Address:</b>		<b>Home Phone</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>School and Grade (for the Fall)</b>		<b>T-Shirt Size (one t-shirt included for full day campers)</b> (Circle one) Yth-Med Yth-Large Adult-Small Adult-Med	

### PARENT AND/OR GUARDIAN INFORMATION

<b>Father</b>	<b>Place Employed</b>	<b>Business Phone</b>
<b>Home Address</b>		<b>Home Phone</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Primary Email Address</b>		<b>Secondary Email Address</b>
<b>Primary Cell Phone</b>		<b>Secondary Cell Phone</b>
<b>Mother</b>	<b>Place Employed</b>	<b>Business Phone</b>
<b>Home Address</b>		<b>Home phone</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Primary Email Address</b>		<b>Secondary Email Address</b>
<b>Primary Cell Phone</b>		<b>Secondary Cell Phone</b>

**EMERGENCY INFORMATION**

Allergies or Intolerance to Food, Medication, or Environmental Allergies with action to take in an Emergency:		
Child's Physician	Phone	
Name and Relationship of Two People to Contact if Parent(s) Cannot be Reached:	Address:	Home, Work, Cell Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized to Pick Up Child:		
Person(s) <b>NOT</b> Authorized to Pick Up Child*:		

\*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

\*NOTE: Section 11.1-4.3 of the *Code of Virginia* states unless a court order has been issued to the contrary, the non-custodial parent of a student enrolled in a public school or day center must be included, upon the request of such non-custodial parent, as an emergency contact for events occurring during school or day care activities.

**AGREEMENTS**

1. The Ozone agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize The Ozone to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.\*\*
3. The parent(s)/guardian(s) agree to inform The Ozone within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.

**SIGNATURES**

<b>Parent / Guardian</b>	<b>date</b>
<b>Parent / Guardian</b>	<b>date</b>
<b>Ozone Administrator</b>	<b>date</b>

\*\*If parent or guardian objects to authorizing The Ozone to seek emergency medical care, a statement must be provided giving the objection and reason.

# Ozone Summer Camp – Parental Agreement

*Please initial beside each statement below stating your agreement with each policy and provide your signature at the bottom.*

\_\_\_\_\_ I give permission for The Ozone to transport my child in Ozone designated vehicles for transportation from the Ozone to designated destinations deemed Field Trips.

\_\_\_\_\_ I agree that The Ozone will notify me whenever my child becomes ill. I also agree that I will arrange to have my child picked up as soon as possible if so requested by The Ozone.

\_\_\_\_\_ I authorize The Ozone to obtain immediate medical care if any emergency occurs when the custodial parent/guardian cannot be located immediately.\*\*

\_\_\_\_\_ I agree to notify The Ozone within 24 hours or one business day if my child or anyone in his/her immediate household is diagnosed with any reportable communicable disease. I also agree to notify The Ozone if my child will not be attending camp during a week that he/she is enrolled in.

\_\_\_\_\_ I understand that accidents may occur both from my child's participation in activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release The Ozone, its employees, volunteers, independent contractors, directors, and agents from all liability based on any damage, loss, or injury whether it is the result of ordinary negligence or otherwise, caused to my child from participation in the program.

\_\_\_\_\_ I understand that The Ozone operates as kids club/camp, and not a licensed day care. I will read the section describing this in the Parent Handbook (provided after registration) and understand my child has the freedom to enter and leave the facility. I will discuss this with The Ozone to fully understand this policy and their position.

\_\_\_\_\_ I agree/ disagree (**please circle one**) to allow my child to be photographed while at The Ozone and the picture to be used in Marketing materials or newspaper articles.

\*\* If there is any objection to seeking emergency medical care, a statement should be obtained from the custodial parent/guardian that states the objection and the reason for this objection.

If there are any questions, please contact The Ozone at (804)798-7474.

\_\_\_\_\_  
Custodial Parent/Guardian signature

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date

## Camp Selections:

*Please indicate your interests below by placing a check mark in the boxes.*

Week... Dates... (Mini Camp)	Mini Camp (\$85)	Mini Camp + Extended Day (\$165)	Full Day (\$165)	Include Lunch (\$25)
Wk 1.... 6/20 - 6/24..... (Lacrosse)				
Wk 2.... 6/27 - 7/1..... (Sewing) (add \$35 supply fee)				
Wk 3.... 7/5 - 7/8	N/A	N/A		
Wk 4.... 7/11 - 7/15	N/A	N/A		
Wk 5.... 7/18 - 7/22..... (Turf Wars)				
Wk 6.... 7/25 - 7/29..... (Computers) (add \$75 instructor/supplies fees)				
Wk 7.... 8/1 - 8/5 ..... (Flight School)				
Wk 8.... 8/8 - 8/12..... (Photo Camp)				
Wk 9.... 8/15 - 8/19	N/A	N/A		
Wk10.... 8/22 - 8/26..... (Roller Hockey)				
Wk11.... 9/29 - 9/2	N/A	N/A		

### Adding it all up

1	Enter COUNT of Each Column				
2	Tuition	\$85	\$165	\$165	\$25
3	Subtotal (Multiply Line 1 times Line 2)				
4	Sewing Camp Fee (\$35 if applicable)				
5	Computer Camp Fee (\$75 if applicable)				
6	Add Lines 3, 4 and 5				

**TOTAL:** (add the boxes in line 6) \$ \_\_\_\_\_,00  
Please make checks payable to "The Ozone"