

MKS Summer Camp Registration Form

Camper Name: _____

Mighty Kidz Services LLC.(MKS) will be hosting the inaugural Mighty Kidz Summer Camp at Sesquicentennial State Park for the months of June and July. Campers will need to pack their own lunch and bring a bathing suit, towel, and a change of clothes for activities involving the Splash Pad and Water Play activities. MKS will provide an afternoon snack and unlimited water access for campers. Academic, arts and crafts, sports, nature, and social skills activities are all included in camp tuition. Friday camp sessions, parents are welcome to attend in the afternoon with their child and enjoy a variety of outdoor activities, to optional kayaking and paddle boating. We can't wait to see you there!

Child (Each Child Must Have Their Own Form)

First _____ Middle _____ Last _____ Gender: Male __ Female __
School Name _____ Grade _____ Birth date ____/____/____ Age ____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____
Child lives with: _____
Person responsible for payment _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____
Street Address _____
Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____

2: _____

3: _____

Camper Name: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem Required treatment

Should paramedic be called?

Yes/No
Yes/No
Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment. Mighty Kidz Summer Camp accepts campers who need 1:1 support, please contact mightykidz@mksempower.com for further information.

There is a \$75 registration fee. This will include an "I Am A Mighty Kid!" Camp T-Shirt. All fees are non-refundable.

Please indicate size: Child Size: xsmall: _____, small: _____ med: _____ large: _____ xlarge: _____

SUMMER CAMP TUITION & PAYMENT:

Full payment is due 20 days prior to your child(s) designated camp week(s) you registered for. Payment options are certified check made out to **Mighty Kidz Services LLC**. MKS will also take Zelle Payments to the email address mightykidz@mksempower.com. Cash is accepted on site. Credit card payments with a 3.5% processing fee will be applied. If a camper's tuition is not paid they will forfeit their slot in the registered camp week.

The financially responsible party signing this form understands and agrees to follow the Tuition Payment and Fees Policy. If multiple parties are paying for tuition, a Tuition Agreement is required for all Financially Responsible Parties.

Please select from the following payment options:

Full 8 weeks 6/5/23-8/4/23

- (1) Week of 6/5/23 - \$250
- (2) Week of 6/12/23 - \$250
- (3) Week of 6/19/23- \$250
- (4) Week of 6/26/23 - \$250
- (5) Week of 7/10/23- \$250
- (6) Week of 7/17/23-\$250
- (7) Week of 7/24/23-\$250
- (8) Week of 7/31/23-\$250

Total Camp Weeks: _____
Dates of Camp Weeks: _____

Promotions Available:

Save **\$250** dollars when you register for all 8 weeks.

Camper Name: _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the **MKS Summer Camp**. I understand the photos will be used to keep a journal of activities, to share during powerpoint presentations and/or reports and for promotional purposes including flyers, brochures, newspapers and on the internet. I understand that although my child’s photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of MKS and its affiliates.

Parent’s/Guardian’s Initials _____

MKS and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Coordinator Signature: _____

Director Signature: _____

Participation Consent Form

(REQUIRED)

I, the undersigned*, hereby release discharge, indemnify, hold harmless and defend **Mighty Kidz Services LLC**, its officers, employees and servants from any and all liability (claims, demands, losses, causes of action, suits, judgements) of any kind that I or my family may have against **Mighty Kidz Services LLC**. due to death, personal injury or illness, loss or damage to property, or future causes that occur during the **2023 MKS Summer Camp**. I acknowledge that **Mighty Kidz Services LLC**. has taken safety measures to minimize the risk of harm or injury to camp participants. I recognize that risks, certain hazards, and dangers are inherent in the camp experience, events and program. In the event of any medical emergency, I authorize and consent for **Mighty Kidz Services LLC**. to act on behalf for medical care deemed necessary for the participant.

Name of Participant: _____

Name of Parent(s): (1) _____ (2) _____

Medical Insurance Company : _____

Policy Number : _____

Family Doctor Phone Number: _____

***Parent Signature:** _____

Best Contact Phone Number: _____ Date: _____