



## Legacy Summer Adventure Camp

Parents Name: \_\_\_\_\_

Child #1: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ \$ /WK  
Child #2: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ \$ /WK  
Child #3: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ \$ /WK  
Child #4: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ \$ /WK  
Child #5: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ \$ /WK

Weeks your child will attend: (Please check beside each date)

May 28: \_\_\_\_\_ July 1: \_\_\_\_\_ (closed July 4 & 5)

June 3: \_\_\_\_\_ July 8: \_\_\_\_\_

June 10: \_\_\_\_\_ July 15: \_\_\_\_\_

June 17: \_\_\_\_\_ July 22: \_\_\_\_\_

June 24: \_\_\_\_\_ July 29: \_\_\_\_\_

Allergies: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Parent's Cell Phone #: \_\_\_\_\_

### **Medical Authorization**

Legacy Adventure Camp will not administer any medication during camp hours. If your child is on medication it will need to be given before or after camp hours. We will give the child life threatening medications such as EPI pens, asthma inhaler, etc. Please inform us of any emergency medication your child might need to take. Legacy Adventure Camp will provide Equate Sunscreen (Wal-Mart Brand) when needed to your child:

Please list any known allergies to food, meds, etc.:

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I have read and accept the medication authorization policy, and have provided any known allergies to LAC counselors:

Signature: \_\_\_\_\_

### **Discipline and Behavior Management Policy**

#### **“Time Out”**

“Time-Out” is the removal of a child for a short period of time (3 to 5 minutes) from a situation in which the child is misbehaving and has not responded to other discipline techniques. The “time-out” space, usually a chair, is located away from classroom activity but within the teacher’s sight. During ‘time-out” the child has a chance to think about the misbehavior which led to his/her removal from the group. After a brief interval of no more than 5 minutes, the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over and the child is treated with the same affection and respect shown to other children.

Campers Name: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Child's Health and Emergency Information and Authorization Form**  
**For Transportation Providers (To be completed by the child's parent/guardian)**

Health/Emergency Information:

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ WorkPlace: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_

Address: \_\_\_\_\_

In case of emergency if parent/guardian cannot be reached, please contact one of the following:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list all allergies & give specific instructions if your child needs special assistance, equipment, or materials when transported:

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Authorization for Transportation Services: I authorize the following provider Legacy Adventure Camp to transport my child to and from the following location:

Legacy MMA Club SUGAR HILL: 225 Peachtree Industrial Blvd Sugar Hill, GA 30518

Legacy MMA Club BUFORD: 4965 Lanier Island Pkwy #109 Buford, GA 30518

Legacy MMA Club BRASELTON: 6323 Grand Hickory Dr Braselton, GA 30517

Legacy MMA Club DULUTH: 2750 Buford HWY Suite 7A Duluth, GA 30096

Signature: \_\_\_\_\_

Authorization for Emergency Medical Care: in case of accident or illness requiring medical attention, the undersigned authorize Legacy Adventure Camp to call a healthcare provider or to take my child (ren) \_\_\_\_\_

to the nearest hospital or doctor, and it is understood that if possible their services will be obtained. If neither parents nor preferred health care provider can be contacted, the transportation provider is authorized to contact another healthcare provider. It is also understood that this agreement only covers those situations, which in the best judgment of the transportation provider are true emergencies.

The healthcare provider to call is:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I authorize emergency treatment deemed necessary by a physician in the event that I cannot be reached for permission. I agree to be responsible for the cost of such emergency and medical care.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## Adventure Camp Operation Policies

**General:** Age range: 5-12 Years Old

Camp Hours: Monday-Friday, 9:00am-4:00pm

Early Drop Off: 6:30am

Late Pick Up: 6:30pm

- You may pick your child up at any time during the day, and you will be given a schedule of activities to know what activity your child is at daily or check the website.

**Food/Drink:** Each camper will need to bring a sack lunch and refillable water bottle daily. There will be snacks available for purchase at the club or they can bring their own snacks. A morning snack will be needed as well as an afternoon snack. Please let us know of any food allergies on your camper's information sheet.

**Personal Items:** Send your child with only essential items. Legacy Adventure Camp will not be responsible for any lost or stolen items. It is recommended that you write your child's name on personal items to help identify their items. On water day's children, will need to bring their own towel.

**Fee Schedule:** Your child's camp dues are to be paid on Monday of each week. No refunds for sick days or vacation days. Three days will equal one full week of camp.

# Weekly Tuition

Weekly tuition is due Monday of each attending week as well as field trip fees.

Account Holders Name: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_

Electronic Funds Transfer:

Credit Card #: _____	EXP: _____
Billing Zip Code: _____	CVV: _____

I authorize Legacy Adventure Camp to process my weekly rate of \_\_\_\_\_ and additional field trip fees at the beginning of each attending week. Field trip fees will be charged for the entire week regardless of attendance for the week the student is signed up. This is due to deposits and contracts made for appointments.

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Date

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\*\*\*Office use only\*\*\*

<u>WEEK</u>	<u>AMOUNT</u>
MAY 28	
JUNE 3	
JUNE 10	
JUNE 17	
JUNE 24	
JULY 1	
JULY 8	
JULY 15	
JULY 22	
JULY 29	

Camp Payment Policies  
(ONLY SIGN IF YOU ARE SIGNING UP FOR ALL WEEKS)

**OPTIONAL Automatic Payment Discount: \$119 rate discount for enrolling in weekly automatic payments for ALL camp weeks regardless of absences.**

1. I/We agree to pay the fee of \$119 per camp week, per this contract. I/We agree to abide by the following payment option for the length of this contract. Payments are due, as per your contract, regardless of a child's absence for any reason. All payments are processed on the Monday of each camp week.

Parents Name: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# **Risk Statement**

Bright from the Start: GA Department of Early Care & Learning Rules and Regulations: 591-1-1-.46(b)10(vi) requires that programs shall inform Parents about the physical risks a child may face while participating in the program: Programs operated after the customary school day, as defined in Georgia law, for children five (5) years and older that are strictly instructional and skill-based in a single talent, ability, expertise, proficiency or subject or in closely related skills, proficiencies or subjects, including but not limited to classes such as art, cheerleading, dance, drama, gymnastics, martial arts and music.

By signing this form I am indicating that I knowingly accept and assume the risk of injury that might occur from participation in the Legacy MMA Club program. I acknowledge and understand that there is a risk of injury involved in participation and that the program, nor its trained professionals, can eliminate the risk of injury.

**By printing and signing your name, you are stating that you have read and fully understand this information.**

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Child's name

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Printed name of parent or guardian

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Signature of parent or guardian