

REAL LIFE DAY CAMP PARENT POLICY AGREEMENT

Dear parent,

Please read the policies of Real Life Day Camp. Sign and return this form through the mail, or at our Open House in May.

I understand that the tuition rates are as follows:

5 days: \$185.00 plus \$10.00 for the weekly field trip

4 days: \$172.00 plus \$10.00 for the field trip if my child comes on a field trip day.

3 days: \$129.00 plus \$10.00 for the field trip if my child comes on a field trip day.

2 days: \$95.00 plus \$10.00 for the field trip if my child comes on a field trip day.

Due to the fact that Real Life Day Camp has reserved a space for my child I understand that tuition payment is due even if my child is unable to attend camp due to illness or other circumstances.

I understand that registration fees and deposits are non refundable and non transferable after May 18, 2008.

I understand that that tuition must be paid in advance or on the first day my child attends each week. A \$20.00 late fee will be added to my bill if I fail to pay tuition on my child's first day of each week.

I understand that there will be a \$25.00 fee for any returned checks.

I understand that the field trip fee is to be included in my tuition check. Field trips are every Thursday. My child should bring money for concessions, etc. when going on field trips.

I understand that field trip destinations are subject to change due to weather or other circumstances.

I understand that my child/children must have the following forms on file to stay at camp:

- ◆ Registration Form**
- ◆ Health Form**
- ◆ Child Information Form**
- ◆ Parent Policy Agreement**
- ◆ Liability Waiver**

Parent Signature: _____

Director Signature: _____

REAL LIFE DAY CAMP LIABILITY WAIVER
AGREEMENT TO WAIVE LIABILITY AND ASSUME RISK

In consideration of Real Life Day Camp agreeing to allow my child/children:

(child/children's names)

to participate in the following activities: Horseback riding lessons, trail rides, B.B. gun lessons, Archery lessons, Swimming, Camp crafting, cook-outs, group games, field trips, animal care, barn/playground play, and any other Day Camp related activities, on behalf of myself and/or my child/children's participation in the above activities, I do hereby waive, release and discharge any and all claims for damages of any nature as a result of injury, which may occur to my child as a result of my and/or my child's participation in the above activities.

I further agree to indemnify and hold harmless Real Life Farm from any liability to myself, my child or any third party arising or in any way connected with my and/or my child's participation in the above events.

I further understand that there is always some risk involved in riding horses and being in close proximity to farm animals and machinery, and in participating in any of the above activities, and that injuries may occur. Knowing these risks, I hereby agree to assume said risks on behalf of myself and/or my child.

WARNING

Under the Michigan equine activity liability act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.

It is further understood that this release is binding upon my heirs and assigns.

REAL LIFE DAY CAMP

_____/President

Dated: _____2008

By: _____
(Parent or Guardian)

Date of Admission		Date of Discharge		CHILD INFORMATION RECORD STATE OF MICHIGAN Department of Human Services Office of Children and Adult Licensing			
Name of Child (Last, First, Middle Initial)				Address (Number and Street, Building/Apartment Number)			
Child's Date of Birth		Home and/or Cell Phone ()		City		State	Zip Code
Father/Legal Guardian's Name				Mother/Legal Guardian's Name			
Home Address (if not child's address)				Home Address (if not child's address)			
City		State	Zip Code	City		State	Zip Code
Employer/School Name				Employer/School Name			
Address (Employer/School)				Address (Employer/School)			
City		State	Zip Code	City		State	Zip Code
Employer/School Phone ()		Hours of Employment/School		Employer/School Phone ()		Hours of Employment/School	
Name of Local Person to be Notified in an Emergency When Parents Not Available				Local Address and Phone Number of Emergency Person			
Home and/or Cell Phone ()		Work Number ()		City		State	Zip Code
Name(s) of Person other than Parent or Legal Guardian to whom child may be released							

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I give permission , licensed by the Department of Human Services(Child Care Provider) to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

Date Signed

Signature of Parent or Guardian AUTHORITY: Act 116 of P.A. 1973. COMPLETION: Required PENALTY: Rule Violation Citation.

Name of Child's Physician or Health Clinic		Physician's Phone Number ()	
Address of Child's Physician or Health Clinic		Name of Health Insurance Carrier	
Hospital Preferred for Emergency Treatment		Health Insurance Policy Number	
Allergies, If Any		Date of Last Tetanus Shot	

Space of Notarization (If Required by Local Medical Facility)

Field Trip: I hereby give my permission to: Provider's Name for my child to be transported in a vehicle and/or participate in field trips.

Signature of Parent or Guardian

The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.

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