



### Student Application for Summer Camp

**Qualified Applicants:** 8 weeks of camp fees and proof of eligibility must be provided at registration.

Student's Name: \_\_\_\_\_  
(First) (Last) (Goes By)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Last 4 digits of Student's Social Security Number: \_\_\_\_\_ *(Must be Listed)*

Student's Public School Student ID#: \_\_\_\_\_ *(Must be Listed or affidavit completed)*

Student's Current School: \_\_\_\_\_

Student's Ethnicity: \_\_\_\_\_ Grade Student is entering in August: \_\_\_\_\_

Student's Allergies (if any): \_\_\_\_\_

Student's Health Issue (s) \_\_\_\_\_

Student's T-Shirt Size (Circle One): Youth: S M L XL Adult: S M L XL XXL

#### Camp Financial Information:

Please check the weeks your student will attend:

\_\_\_\_ June 10<sup>th</sup>    \_\_\_\_ June 17<sup>th</sup>    \_\_\_\_ June 24<sup>th</sup>    \_\_\_\_ July 1<sup>st</sup>    \_\_\_\_ July 8<sup>th</sup>  
\_\_\_\_ July 15<sup>th</sup>    \_\_\_\_ July 22<sup>nd</sup>    \_\_\_\_ July 29<sup>th</sup>

#### Household Information:

Student lives with: Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Both: \_\_\_\_\_ Other: \_\_\_\_\_

Guardian's Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship to camper \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you enrolling more than one child from your household? Y \_\_\_\_\_ N \_\_\_\_\_

If so, Student's Name: \_\_\_\_\_  
(First) (Last) (Goes By)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Age: \_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

Student's last 4 digits of Social Security Number \_\_\_\_\_ **(Must be Listed)**

Student's Public School Student ID #: \_\_\_\_\_ **(Must be Listed or affidavit completed)**

Student's Current School: \_\_\_\_\_

Student's Ethnicity: \_\_\_\_\_ Student's Grade in August: \_\_\_\_\_

Student's Allergies (if any): \_\_\_\_\_

Student's T-Shirt Size : **Youth:** S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ **Adult:** S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_\_\_

**Emergency Contact & Student Pick-Up & Drop Off Information:**

All persons listed below are **Authorized to Pick-Up My Child** at the end of each day. The first attempt will be made to contact the camper's parents/guardians in the event of an emergency.

**Contact Info #1:**

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

Relationship to Student: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

**Contact Info #2:**

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

Relationship to Student: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

**EXPERIENCE (FIELD) TRIP PERMISSION SLIP**

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

**Field Trip Permission:** I hereby give permission for my child (ren) listed above to go on all field trips scheduled through Oxford Preparatory Academy (OPA). I hereby agree to hold OPA and/or any of their agents and/or affiliates blameless of any liability resulting from injury sustained or loss of personal property of my child while on these field trips or on school grounds. In the event of an emergency and parents/guardian cannot be reached, I hereby give my permission for an OPA representative to obtain emergency medical treatment.

Date \_\_\_\_\_ Initials \_\_\_\_\_

Listed below is medical information for my child:

Child’s Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**PHOTO RELEASE**

I grant Oxford Preparatory Academy the right to take camp related photographs of my child. I authorize Oxford Preparatory Academy, its assigns, and transferees to copyright, use, and publish the same in print and/or electronically. I agree that Oxford Preparatory Academy may use such photographs of my child with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Child’s Name \_\_\_\_\_

Date \_\_\_\_\_

**LIABILITY**

**Waiver and Release:** In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance Masters of Education Inc. dba Oxford Preparatory Academy, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees. This waiver and release is intended to and does release the mentioned parties from any and all liability for damages or injuries on account of or in any way related to or growing out of my negligence, my child’s negligence, the negligence of another students, an employee’s negligence and/or the negligence of third parties, including but not limited to negligence in the construction, maintenance and upkeep of the facility and its equipment, negligence in training or negligence in supervision in addition to but not limited to negligence of Masters of Education dba Oxford Preparatory Academy, Emmanuel Transportation, and/or their agents, related companies, servants, employees, insurers, successors and assigns.

\_\_\_\_\_  
(Parent/Legal Guardian Signature)

\_\_\_\_\_  
(Name Printed)

\_\_\_\_\_  
(Date)

**School Records Release Statement:**

I, \_\_\_\_\_ give my consent for my son's/daughter's/ward's school records to be accessed by the selected community based organization and the Kids Hope Alliance through Duval County Public Schools for the purpose of gathering data for analysis of program effectiveness. The data accumulated will be aggregated without identifying any individual child.

Application is not considered complete unless signed below to indicate agreement with initialed items above.

\_\_\_\_\_  
(Parent/Legal Guardian Signature)      \_\_\_\_\_  
(Name Printed)      \_\_\_\_\_  
(Date)

**Camp Information:**

- If any camper **cannot attend the entire 8 weeks** or will be **absent for more than one week**. They do not qualify for the discounted rate.
- Camp fees will not be pro-rated. If a camper attends one day within the week, they are billed for the entire week.
- If your camper(s) will not be attending the entire summer, please indicate that on your application.