



## Registration Form

# 2022 Day Camp

**Please ensure you read and complete all portions of this registration form.**

*Please contact us if you need any assistance or if you have any questions. Thank you.*

6900 SW Archer Road Gainesville, FL 32608 Tel: (352) 338-7262 [www.okitoamerica.com](http://www.okitoamerica.com)

**Father:**

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

**Mother:**

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

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

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

Cell. #: (\_\_\_\_) \_\_\_\_\_

Cell. #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Are there Special Circumstances that the camp should be aware of relating to the family situation?

\_\_\_\_\_

**EMERGENCY CONTACT:** (if above cannot be reached)

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

### PAYMENT SCHEDULE:

Method of payment: \_\_\_\_\_ Check \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ Cash \_\_\_\_\_ ON FILE

Name on card: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV: \_\_\_\_\_

\_\_\_\_ One-Day Session - \$40 Day(s) attending \_\_\_\_\_

Unless otherwise indicated this credit card will be charged for any outstanding balance.

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

City: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_



A physician's examination is not required. Please complete this information to the best of your knowledge. Please inform the camp office in writing of any changes to your child's health prior to their arrival at camp.

**Camper Name:** \_\_\_\_\_

Birth date: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

Does your camper have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what are they allergic to? \_\_\_\_\_

Does this allergy require an epi-pen? \_\_\_\_\_

Does your camper take any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what medication? \_\_\_\_\_

Please list any medication and doses that your camper will be taking at camp:

\_\_\_\_\_

Please note that all medication must be in its original container and all instructions attached.

Are there any activity restrictions while at camp? \_\_\_\_\_

Are there any behavior/special considerations that the camp should know about to better facilitate their experience? \_\_\_\_\_

**CHECKLIST:** Please read the following carefully to ensure that your Registration is processed correctly.

- All sections of the Registration Form must be completed.
- Please ensure that you have signed where indicated in the Parent's Authorization section.
- Please ensure that the camp has all appropriate information to help your camper have a successful camp stay.
- Any health information that changes, needs to be communicated to the camp IN WRITING before your child starts.

I hereby give consent for my child to participate in the full Okito America program and all activities unless I advise you in writing.

I give permission for Okito America Day Camp to use any photograph my child is in for promotional material. To the best of my knowledge, my child is in good health and I will notify the camp if he/she is exposed to any infectious diseases. I further release and agree to indemnify and hold harmless Okito America Day Camp and its officers, servants or assigns from any liability concerning our child's involvement in the Okito America programs and further agree that the use of all Okito America facilities is made at the risk of the registrant. In case of surgical emergency, I hereby give permission to the physician selected by the camp director, to hospitalize, to secure proper treatment for and to order injection, anesthesia, or surgery for my child, as named on this form. Every effort will be made to contact a parent/guardian in the case of emergency.

- Full payment is required, **there will be no refunds – no exceptions.**
- I understand that the Camp Administration reserves the right to dismiss a camper who, in their opinion, is a hazard to the safety or rights of others, or who appears to have rejected the reasonable expectations of the Camp.
- Charges will appear on your statement under the name OKITO AMERICA

\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature

Date



**ADDITIONAL STUDENTS ONLY:**

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Birth date: \_\_\_\_\_

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Does this allergy require an epi-pen? \_\_\_\_\_

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