



Registration Form

2022 Spring Break 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

Camper Name: _____ (One form per child)

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?

Please note that if there are special custody arrangements the camp must have all necessary paperwork on file in the camp office.

EMERGENCY CONTACT: (if above cannot be reached)

Name: _____ Telephone: (_____) _____

Relationship: _____

FEE SCHEDULE: March 21st to 25th

2022 Prices

___ Half-Day Session - \$85/ week (7:30 am to 12:30 pm) OR (12:30 pm to 5:30 pm)

___ Full-Day Session - \$130/week **after school active members**

___ Full-Day Session - \$149/week non-members

___ One-Day Session - \$40 Day attending _____

(Three days or more count as a week)

PAYMENT SCHEDULE:

Method of payment: ___ Check ___ VISA ___ MasterCard ___ Cash ___ INFO ON FILE

Credit Card # _____ Expiration Date _____ CVV _____

Cardholder's name _____ *If paying by check #* _____

Billing Address _____ City _____ Zip Code _____



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

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 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.

- 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

PLEASE INITIAL

_____ Full payment is required, **there will be no refunds – no exceptions.**

_____/_____
Parent/Guardian Signature / Date