



Registration Form

2022 Thanksgiving 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: _____

Father: Last Name: _____ **Mother:** Last Name: _____

First Name: _____ First Name: _____

Home Telephone #: (____) _____ Home Telephone #: (____) _____

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 paper work on file in the camp office.

MAILING ADDRESS OF FAMILY:

Street: _____ City: _____

Zip Code: _____

EMERGENCY CONTACT: (if above cannot be reached)

Name: _____ Telephone: (____) _____

Relationship: _____

IF BILLING ADDRESS IS DIFFERENT:

Name of Person to be billed: _____

Street: _____

City: _____ Zip Code: _____



2022 Prices

___ Full-Day Session - \$99/week (M-T-W)
___ One-Day Session - \$49 Day attending _____ Valid for 1 day only

PAYMENT SCHEDULE:

Method of payment: ___ Check ___ VISA ___ MasterCard ___ Cash

Credit Card # _____ Expiration Date _____

Bank Name _____ Bank Routing Number _____

Account Number _____

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.

FOR EXTRA STUDENTS PLEASE FILL OUT PAGE 4.

Camper Name: _____

Birth date: _____ Age: _____

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.**
- 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



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