**REGISTRATION INFORMATION FOR “2019 Summer RE-CHARGE RETREAT”**

Registration requires a one time $45.00 non-refundable fee per child and may be paid on our website, www.NaturesOakWellness. This fee is not applied to Re-Charge Retreat balances due. All balances must be paid in full 3 weeks prior to the start of camp. All costs associated with retreat, with the exception of extended care, are covered in the weekly fee. Registration deadline is 4:30pm Wednesday before the retreat starts. *Please keep in mind that this is a very small program, max of 14 children ages 10-14. Register early to assure you seat.*

**CANCELLATION/ REFUNDS:**

If prior to the start of camp, a participant cancels their registration due to an illness or injury, they will receive a refund or credit for fees paid, upon receipt of a doctor’s note. No other refunds will be made.

**GROUP PLACEMENT:**

At Re-Charge retreat, children are placed in groups according to age of the participant and developmental needs. Susan Posada, PhD, LMHC, LMFT, will make this decision with the parent prior to the onset of the program. Our retreat offers children an opportunity to build self-confidence great place to meet new friends! They may continue to have these friends if they participate in our follow-up program.

Parent Goal for child while at retreat:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Childs strengths and weekness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BEHAVIOR MANAGEMENT:**

At Nature’s Oak Wellness Center, we strive to create an atmosphere of cooperation and respect. We anticipate that all children will meet these expectations. However, if inappropriate behavior is exhibited beyond a reasonable degree, we will contact the child’s parents. We shall work with the parents to try to bring about consistent improvement in behavior. This procedure is meant to ensure a fun and safe environment while providing an opportunity for personal growth for all children.

Our staff are trained to provide fair and consistent discipline and guidance based on an understanding of the individual needs and level of development of each child.

**EXTENDED CARE:**

Extended care is available at an additional cost and is open to all retreat members. Games, and other activities will be available for children. Extended Care AM opens at 7:30 AM. Extended Care PM closes at 5:30PM.

**HEALTH**:

There will be at least one First Aid/CPR-trained person on grounds at all times. Please note the following:

* No child will be admitted without a medical form. Physical forms are valid for three years. A new form filled out each year.
* If your child has any allergies, please be sure to include all allergies on your medical form and to fill out, sign and return the medical authorization form. If your child has an EpiPen, please be sure that it is brought to camp along with the necessary documentation.

**CONCUSSION INFORMATION: Signs & Symptoms**

* Statement about Concussions: A concussion is a type of traumatic brain injury caused by a bump, hit, or blow to the head that can have a serious effect on a young, developing brain. A concussion can happen at home, school, play, or at camp. With some retreat related activities, accidental physical contact may occur. If a child bumps their head, our Health administrator will evaluate him/her and parents will be notified to follow next steps of treatment.

**MEDICATION**:

If your child requires prescription or over the counter medication during the camp day, please request an Authorized Medical Form. Each form must be completely filled out including a signature and date and must be signed by a child’s doctor. Medication will not be permitted at Nature’s Oak, LLC without proper documentation.

Medication will be administered under the following guidelines:

* Prescription medication must be in its original container with the child’s name, address, and dosage instructions listed.
* Medications is not to be left with child (in backpack/bags, etc.) this includes all prescription and non-prescription medications, including but not limited to inhalers, epi-pens, and topical medications such as bug spray and sunscreen.

**LOST AND FOUND:**

We will do your best to return marked items, but we cannot guarantee the return of unidentified articles. All unclaimed items will be kept for three days after the last day of each week. All unclaimed items will be donated. Your child’s name should be on everything that he or she brings to our program. Please contact the Director or Assistant director and alert them to any items that are missing.

**PHOTO PERMISSION:**

Staff may take photographs and videos throughout the retreat days. Nature’s Oak, LLC and Susan M. Posada, may use and publish photos and videos unless parents request in writing otherwise.

**LIABILITY**:

Nature’s Oak, LLC and Susan M Posada, PA and employees, are unable to assume responsibility for injuries/accidents occurring at programs or on center facilities.

Parent or guardian signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Consent, Authorization and Release

Summer Re-Charge Retreat 2019

**Nature’s Oak, LLC**

1. I hereby give my consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­age \_\_\_\_\_ gender\_\_\_\_\_

 (printchild’s name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (print child’s home address) (Child’s date of birth)

to participate in Nature’s Oak, LLC activities at 110 Country Club Dr., Tampa Florida, 33612.

It is my clear understanding that participation in competitive athletics or other activities creates a risk normally associated with such activities and may result in severe injury, including paralysis or death. I agree to indemnify and hold Nature’s Oak, LLC , its employees, agents, representatives, coaches and volunteers harmless from any an all liability, actions, causes of actions, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation of my child named above in any activities related to Nature’s Oak LLC activities.

1. I hereby give permission for Nature’s Oak trained staff to administer appropriate medical attention including, but not limited to, first aid treatment and other services. If my child should become ill or injured at Nature’s Oak LLC, I understand that the person(s) in charge will: 1) contact me immediately or 2) contact the person(s) designated if I cannot be reached. Should the facility be unable to reach me and/or the person(s) designated, they are authorized to contact my child’s physician and/or arrange for immediate emergency treatment. The physician or medical facility is authorized to administer emergency medical treatment necessary to the health and safety of my child. I agree to be financially responsible for emergency payments due to services rendered to my child in case of illness or injury, and I will not hold Nature’s Oak LLC liable for any accidents/injuries that may occur on or off the facility at such activities

**Please provide us with complete and accurate medical information so Nature’s Oak LLC may respond appropriately in an emergency.** For your child’s safety, this information will be shared with your child’s teacher, athletics, and after school care, unless otherwise requested

* My child is currently taking the following medications: (list ALL or write “none”):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* My child suffers an allergic reaction to the following medications/substances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Please list ALL existing medical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mychild may be given: ­­­­\_\_\_\_\_\_ Acetaminophen (Tylenol) \_\_\_\_\_\_ ibuprofen (Advil) \_\_\_\_\_\_ Benadryl (or gel) \_\_\_\_\_\_ TUMS (please check approve over-the-counter medications)

Family physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pg. 4

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Parent/Guardian Work Phone Cell Phone Home Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name of Parent/Guardian Work Phone Cell Phone Home Phone

**Emergency Information:**

If parents cannot be reached in an emergency, contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name Contact number

1. I hereby state that, to the best of my knowledge, my answers to the above questions are correct, and I understand that it is my responsibility to notify the school nurse, as soon as possible, if any changes to the above information occurs.
2. By this authorization, I indemnify, release and hold Nature’s Oak LLC and Susan M. Posada, PA harmless from any and all liability in providing care and treatment to my child, and further, I grant my permission regarding the use of the above information

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/ Guardian Date