

Dall'Inizio DayCamp

Camper's Full Name			Shirt Size
School	Grade Completed	Age	Birthdate

Home Address	Parent / Guardian(s)
	Email
City, State, Zip	Primary Phone

Emergency Contact	Primary Phone
Relationship	Secondary Phone

Allergy / Medication Information:

Does your child have any allergies, medications, or other medical conditions that may affect participation in activities?

YES NO

Include staff instructions, if applicable:

Allergies: _____

Medication: _____

Other: _____

Please indicate below which weeks your child will attend camp by checking the corresponding boxes

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Week One | <input type="checkbox"/> Week Six |
| <input type="checkbox"/> Week Two | <input type="checkbox"/> Week Seven |
| <input type="checkbox"/> Week Three | <input type="checkbox"/> Week Eight |
| <input type="checkbox"/> Week Four | <input type="checkbox"/> Week Nine |
| <input type="checkbox"/> Week Five | |

Registration Fee: \$25.00 per Child (due at the time of registration)

Childcare Information (Please check one)

Full Time DayCamp - (\$145/ week)

Daily DayCamp - (\$40 / day)

Camp fee should be paid by check or money order each week on Monday.

Checks or Money Orders payable to "Dall'Inizio DaySchool"
My Childcare fees will be subsidized through CCIS, Mt. Nittany, or PSU.

YES NO

Activity/Field Trip Fees:

*Families will receive a monthly calendar that will indicate the scheduled Activities and Field Trips, as well as their associated fees.

*Payments by check, cash, or money order. Please make payable to Dall'Inizio DaySchool (Separate check/money order from weekly fee payment).

*CCIS, Mt. Nittany or PSU subsidies are accepted for childcare. These subsidies will not cover the charges for activity fees.

*Families will pay per activity and must pay the Monday of the scheduled week and activities. Families who do not pay the weekly field trip costs will be responsible for obtaining Back Up Care for their child if space is not available in the daycare.

Release:

RISKS. I, the participant (or parent of the participant if a child) understand (and in giving permission for the child to participate if a minor) that Dall'Inizio DaySchool's DayCamp including games, camping, swimming, and or training in the water, and other outdoor functions. These activities involve risks of serious injury and/or death. Some of the risks include falls, physical contact, insect bites, wildlife, and other normal risks associated with being outdoors.

MEDICAL AUTHORIZATION AND MEDICAL INSURANCE. I authorize Dall'Inizio DaySchool., at their discretion or the discretion of any assistant, to obtain medical care for me or my child and/or transport or arrange to transport me or my child to an appropriate medical facility if medical attention appears to be necessary. I further authorize a medical care provider to carry out any emergency medical care for me or my child. I agree to pay all costs associated with such medical treatment and related transportation for me or my child. I agree that I have health insurance to pay any medical bills incurred for personal injuries at camp and waive any right of subrogation against Dall'Inizio DaySchool To the fullest extent allowed by law, I agreed to pay without right of subrogation, all uninsured medical expenses incurred as a result of participation and Dall'Inizio DaySchool's DayCamp, even if the expenses result from the alleged negligence of Dall'Inizio DaySchool.

RELEASE, INDEMINFY, AND AGREEMENT NOT TO SUE. To the fullest extent allowed by law, I agree to completely release indemnify and hold Dall'Inizio DaySchool, and any assistant harmless, even if negligent, from all my claims, losses or damages, including loss of consortium, breach of contract, or wrongful death resulting from the injury of the death at Dall'Inizio DaySchool's DayCamp. The indemnity of Dall'Inizio DaySchool and any assistant shall include any claims or lawsuits brought by you or a parent or heir seeking recovery for damages in lawsuits resulting from any and all actions. I agree to never file a lawsuit against Dall'Inizio DaySchool, or any assistance, and to repay all attorney's fees, costs, and judgments arising from any claims.

RESPONSIBILITY. I agree (or agree on behalf of my Child) to obey and follow all rules and instructions of Dall'Inizio DaySchool's DayCamp. I represent and warrant that I (or my Child) is physically, mentally, and emotionally able to participate in all of the activities and follow the rules and instructions, including those things listed above. I agree to be fully responsible and to pay for any damage or loss to any equipment used by me or my child.

This agreement is severable and if court determines any part to be invalid, then all other part shall remain in effect. This agreement shall be interpreted and governed by Pennsylvania law.

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS AUTHORIZATION AND INDEMINIFICATION AGREEMENT AND RELEASE FROM LIABILITY, AND HEREBY VERIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

Parent/Guardian Signature: _____ Date: _____

Photo Release

By participating in Dall'Inizio DaySchool sponsored events, I hereby grant permission to Dall'Inizio DaySchool to use my photograph on its World Wide Website or in other printed publications without further consideration, and I acknowledge that the association may choose not to use my photo at this time, but may do so at its own discretion at a later date.

I also understand that once my image is posted on the website, the image can be downloaded by any computer. Therefore, I agree to indemnify and hold harmless for any claims the following:

- Dall'Inizio DaySchool
 - Distributors Insurance Company
 - Staff members, representatives, agents, executors, and others
- Dall'Inizio DaySchool reserves the right to discontinue use of photos without notice.

Parent/Guardian Signature: _____ Date: _____

Sunscreen Release

By signing I give my permission for Dall'Inizio DaySchool employees to administer sunscreen to my child. I understand that the sunscreen will only be administered if I provide the sunscreen and the sunscreen is its original container, and I will not hold the staff members, representatives, agents, executors and other affiliates responsible for any side effects.

Parent/Guardian Signature: _____ Date: _____

www.dalliniziodayschool.com

**1963 Cato Avenue,
State College, PA 16801
(814)380-2419**

Official Use:

Registration and Initial Payment: _____ Date: _____ Total Registration Fee: _____ Date: _____