Dall'Inizio DayCamp

	Redistrati	o			
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		Secon	dary Phone		
Allergy / Medication Information: Does your child have any allergies, medications, or other medical conditions that may affect participation in activities? TYES NO Include staff instructions, if applicable: Allergies: Medication:		Please indicate below which weeks your child will attend camp by checking the corresponding boxes. Cancellations made less than four weeks prior to the week you are cancelling will be subject to tuition charges for that week. Cancellations must be in writing or e-mailed to Carrie – cancellations by phone or by telling the camp counselors will not be accepted. Week One – 6/12			
Registration Fee: \$75.00 per Child (due at the registration) Childcare Information (Please check one) Full Time DayCamp - (\$185/ weel) Daily DayCamp - (\$45 / day) Childcare fee should be paid by check, money order week by Monday. Checks or Money Orders payable to "Dall'Inizio DayMy Childcare fees will be subsidized through Electric Subsidized funding.	r or Procare each School" RC, PSU or any	*Families schedule fees. *Payments DaySchool *CCIS, PSI cover the c *Families wand activitie	by check, cash, or (Separate check/m U, etc. subsidies are tharges for activity for the continuity of the continuity of the continuity are so that the conti	money order to accepted accept	alendar that will indicate the os, as well as their associated er. Please make payable to Dall'Inizio from weekly fee payment). for childcare. These subsidies will not be weekly field trip costs will be or their child if space is not available in

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.

Photo/Video Policy:

Photos and video footage are periodically taken of people participating in Dall'Inizio DaySchool's activities, classes or events. Please be aware that by registering for a program or class, participating in an activity, attending an event, or using Dall'Inizio DaySchool's facilities or property, you authorize the Dall'Inizio DaySchool to use these photos and video footage for promotional purposes in publications, advertising, marketing materials, brochures, event flyers, social media (including Face- book, YouTube, Instagram, Twitter, and other social media sites operated by the Dall'Inizio DaySchool's website without additional prior notice or permission and without any compensation to you. All photos and videos are property of the Dall'Inizio DaySchool.

I also understand that once my child's 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.

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.

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:

www.dalliniziodayschool.com

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

Official Use:			
Registration Fee:	_ Date Paid:	Method of Payment:	_ Initials: