Williamsburg Learning Collective

Grow, Create, Share!

Summer Camp 2020 Registration Form

**Camper’s (Campers’) Name (s)/Information** (List names and info from oldest to youngest.)

Last:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Currently Enrolled in:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fall 2020 Grade (please circle one): 2 3 4 5 6 7 8 9 10 11 12

Known Allergies or Medical Conditions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Accommodations Required:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Parent/Guardian’s Name/Information**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone Number:\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Possible Substitute Chaperone/Guardian**: Substitute chaperones/guardians will be expected to abide by the rules and expectations stated in the Parental Responsibility Agreement. Substitute chaperone/guardians can be another camper’s parent. Each parent/guardian may only provide supervision for one camper in addition to their own children. Please list up to three different chaperone’s that may provide supervision for your child in your absence. All chaperones/guardians will be required to sign a waver.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone Number:\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone Number:\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone Number:\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_

**Session Selection and Tuition Costs**

**Session 1: July 20, 22 and 23** 

**Session 2: July 27, 29 and 30** 

**Session 3: August 3, 5 and 6**  

**I would like to contribute $20 to the Williamsburg Learning Collective Scholarship Fund to support other campers’ tuition.**

$75 per session ($50 per session for each additional sibling)\* $180 for all three sessions ($100 for each additional sibling)\*

\*Please complete a registration form for each child attending camp.

Total Amount Due: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Please make checks payable to Meghan Indoe. Please mail registration form to: Meghan Indoe, 3004 Holly Brook Dr., Williamsburg, VA 23185**

**Summer Camp Payment Agreement**

**I, the parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to pay $\_\_\_\_\_\_, in full, by the first day of my first scheduled session.**  I agree to provide my child with a set of watercolor paints and a mixed media journal. I understand that I am responsible for providing lunch and a water bottle each day for myself and my child. **Rising 2nd through 12th graders** are eligible to register in Grow, Create, Share! Summer Camp 2020. I give permission for my child to participate in any activities sponsored by Williamsburg Learning Collective while attending the Grow, Create, Share! summer camp, including swimming in the First Colony pool, wading in the James River, and any other activities associated with the summer camp program. I understand that with any activity, there is always a chance of sickness and/or injury to person or damage to property. Notwithstanding that risk, I release, relieve and hold harmless Meghan Indoe and Jenny Pritchard, and any volunteers from any and all liabilities, including liability resulting from sickness and/or injury to person or damage to property, arising out of the child’s participation in any and all camp sponsored activity. I understand that Williamsburg Learning Collective reserves the right to terminate enrollment of any child if, in the opinion of the teacher(s), continued attendance would not be in the best interest for the child or the summer camp.

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental Responsibility Agreement**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to accompany my child/children on all the field trips with Williamsburg Learning Collective and understand that if I am not available to accompany my child they may not attend the field trip unless a Substitute Chaperone\* can provide supervision for them.  **I or the designated guardian/Substitute Chaperone am/is fully responsible for my child’s/children’s safety and behavior while participating in any and all activities with Williamsburg Learning Collective.** Representatives with Williamsburg Learning Collective do not assume any responsibility for the safety or behavior of the participants and are solely present to facilitate the field trip. In addition, I agree to abide by all safety procedures required by law, including all Virginia mandated COVID-19 regulations, including maintaining a safe social distance.

As a participant of the “Grow, Create, Share!” summer camp, I promise to support Williamsburg Learning Collective’s mission, by showing kindness and respect to all those that we encounter in our community and all other participants and their children. I understand that Williamsburg Learning Collective reserves the right to terminate enrollment of any child if, in the opinion of the teacher(s), continued attendance would not be in the best interest for the child or the summer camp.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*A parent may designate a Substitute Chaperone to accompany their child on field trips, including another camper’s parent, as the guardian of their child in the event a parent is not able to attend. This individual should be listed as Possible Substitute Chaperone on the registration form.

**Photography and Video Consent**

I grant permission to Jenny Pritchard and Meghan Indoe, the right to produce photographs and video taken of my child(ren), myself, and members of my family while at Summer Camp, Grow, Create, Share! for any lawful purpose including publication, promotion, illustration and advertising, in any manner or in any medium, including social media and on the Williamsburg Learning Collective’s website. I hereby release Jenny Pritchard and Meghan Indoe from liability for any violation or claims relating to said images or video. In compliance with safe online practices, images or video of your child would never be published with his/her name.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and wearing face masks, and have, in many locations, prohibited the congregation of groups of more than 50 people. We have put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you will not become infected with COVID-19 while attending the summer camp. Further, attending events with the summer camp could increase your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending events at the Grow, Create, Share! summer camp and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the summer camp may result from the actions, omissions, or negligence of myself and others, including, but not limited to, summer camp employees or other customers. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with attendance at the Grow, Create, Share! summer camp or participation in summer camp events (“Claims”). I hereby release, covenant not to sue, discharge, and hold harmless summer camp counselors, Jenny Pritchard and Meghan Indoe, volunteers and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the summer camp, its counselors, volunteers and representatives, whether a COVID-19 infection occurs before, during, or after participation in any summer camp event.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_