

Please print clearly. Results Learning is unable to provide services until all paperwork has been submitted. Incomplete packets will not be accepted. If you have any questions about completing this packet, please call 303-771-1160 and ask for Andrea Tovar.

Scan and send via email to atovar@results-learning.com or fax completed packets to 303-389-9371. Thank you!

STUDENT INFORMATION						
Parent(s)/Guardian(s) Name:			Email Address:			
Home Phone Number: ()		Cell Phone Number: ()		Office Phone Number: ()		
Student's Last Name:		First:		Middle:		
Street address:			City:	State:	ZIP Code:	
Gender:	Grade Entering:	Age:	School District and School:			
Known Food Allergies or dietary restriction:						
Check One: <input type="checkbox"/> I will pick up my child after the day camp session. <input type="checkbox"/> I authorize my child to walk home after day camp session.						
INDIVIDUAL(S) ALLOWED TO PICK UP YOUR CHILD OTHER THAN YOURSELF:						
Name:		Home phone no.: ()		PASSWORD Provide a one-word password that you will remember.		
Name:		Home phone no.: ()				
IN CASE OF EMERGENCY:						
Emergency Contact Name:		Relationship to student:	Home/Cell Phone Number: ()	Work Phone Number: ()		
Emergency Contact Name:		Relationship to student:	Home/Cell Phone Number: ()	Work Phone Number: ()		
Doctor's Name:		Doctor's Phone Number:		Medical Insurance Provider and Policy Number:		
Please provide information on any chronic physical problems and pertinent developmental information and any special accommodations needed. Attach additional sheets if necessary.						

STUDENT INFORMATION		
Parent(s)/Guardian(s) Name:		
Student's Last Name:	First:	Middle:

Camp Fee- \$1,700.00

Register by May 31, 2017 to Receive a 10% Discount

Early Registration Fee- \$1,530.00

Session (Check Preferred Session)			DUES <i>Non-Refundable Deposit of \$200.00 and first payment of \$665.00</i>	Final Payment of \$665.00 Due
	S1	07/10/2017 to 07/21/2017	\$865.00 Payment Due by 03/31/2017	Session 1 07/07/2017
	S2	07/24/2017 to 08/04/2017		Session 2 07/21/2017

Registration After 03/31/2017 Fee- \$1,700.00

Session (Check Preferred Session)			DUES <i>Non-Refundable Deposit of \$200.00 and first payment of \$750.00</i>	Final Payment of \$750.00 Due
	S1	07/10/2017 to 07/21/2017	\$950.00 Payment Due Upon Enrollment	Session 1 07/07/2017
	S2	07/24/2017 to 08/04/2017		Session 2 07/21/2017

Are you interested in our budget-friendly extended plans?

Parent/Guardian Statement of Understanding

The following information is important for the safety and protection of your child. Please read this information and sign below.

- I understand that my child will not be allowed to leave the program with an unauthorized person. *Any person authorized to pick up my child must be listed on this form, or if not listed on this form must be a person who knows the "Password" listed above. Authorization by telephone will not be accepted.*
- I understand that my child will not be released to any person(s) who appears incapacitated and/or seems to be under the influence of drugs or alcohol.
- I understand that I am not to leave my child at Results Learning, LLC or program site unless a Results Learning, LLC Camp staff member or volunteer is there to receive and supervise my child.
- *Sign-in/Sign-out sheets are available as you arrive at the program area.*
- I understand that it is my responsibility (or the responsibility of an authorized person) to sign my child in the morning and sign my child out before leaving in the afternoon.
- I understand that Results Learning, LLC is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand I must provide a complete and accurate copy of my child's physical and immunization records.
- I understand that Results Learning, LLC staff and volunteers are not allowed to babysit or transport children at any time outside the Results Learning, LLC facilities and program unless noted on a field trip day. If a violation of this policy is discovered, Results Learning will take immediate disciplinary action toward staff and volunteers.
- I understand that if my child is removed from the program as described in the accompanying "Behavior Agreement", I am not entitled to a refund of any portion of the Registration Fees.

I have read and understand the statements above regarding Results Learning, LLC policies and procedures.

Parent/Guardian Signature and Date:

I have received a copy of Results Learning, LLC Parent Handbook.

Parent/Guardian Signature and Date:

I have provided a complete and accurate copy of my child's physical and immunization records.

Parent/Guardian Signature and Date:

Statement of Authorization

1. My child has permission to be transported in an authorized insured vehicle contracted by Results Learning, LLC and to participate in all Results Learning program activities and related field trips.

2. Photo Release: I give permission to Results Learning, LLC to use photographs and audio and/or video recordings of my child for marketing purposes. I give Results Learning, LLC permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against Results Learning, LLC with respect to copyright ownership and publication including any claim for compensation related to use of the materials. Images, video, and audio recordings of me and/or my child taken or recorded by Results Learning, LLC can be used in print, broadcasting, and other forms of advertising; brochures, newsletters and other publications; on Results Learning, LLC's website; in audiovisual presentations; and in other activities to promote the organization and inform the public about the organization. These photos, video, or other images or recordings may be used by the organization without payment of fees, royalties, or other remuneration.

3. My child has permission to participate in swimming activities. **Assess your child's swimming abilities here:** *Results Learning, LLC reserves the right to assess your child before any swimming activities*

NON-SWIMMER (unable to swim/no swim instruction) INTERMEDIATE SWIMMER (average swim ability)
 BEGINNER SWIMMER (some limited swim instruction) ADVANCED SWIMMER (skilled swimmer)

4. In the case that your **child becomes ill or injured** during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child's emergency contact will be notified. It is the responsibility of the parents or guardians to arrange for the child to be picked up from the center as soon as possible.

5. In the case that your child or anyone in the immediate household of the child develops a **reportable communicable disease** as defined by the Colorado Department of Public Health & Environment, it is the responsibility of the parent to notify Results Learning, LLC within 24 hours or the next business day in order for Results Learning, LLC to take proper action, except in the case of life-threatening diseases which must be reported immediately. Results Learning, LLC may also be required by law and regulation to report a communicable disease.

6. My signature authorizes the management and staff of Results Learning, LLC to act for me according to their best judgment in the event of a **medical emergency and/or routine medical** care. I/we grant permission for emergency medical treatment and/or routine medical care by Results Learning, LLC, an emergency medical technician or other emergency personnel, or private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me/us as soon as possible. My signature waives and/or releases Results Learning, LLC from any and all liability and/or financial responsibility for any medical expenses incurred.

List treatment and/or medication not accepted:

8. The parent/guardian will provide **sunscreen and insect repellent** for his or her child. List brand?

By signing below, you are authorizing all of the above.

Parent's/Guardian's Signature and Date:

Behavior Agreement

At Results Learning, LLC C.E.O. Summer Camp, we take learning very seriously. Results Learning, LLC C.E.O. Summer Camp is a place for learning, creating memories and life-long experience with skills to become successful. Our efforts in conjunction with the children and parents will allow a fun and healthy environment for everyone by following some simple, but effective rules. Below is our Behavior Agreement, please read over it and with your child and be sure you both understand it in its entirety and you're required to sign it. This will help us have a great experience at Results Learning, LLC CEO Summer Camp. Thank you!

- I will listen and follow directions of the staff.
- I will respect other people's belongings.
- I will keep my hands to myself.
- I will use a calm voice when speaking.
- I will use appropriate language at all times. I will not swear or make negative remarks about others in the camp.
- I will ask for permission at all times.

Failure to abide by this agreement could result in the removal of this program. All incidents will be recorded and put in the student's file.

1st Incident- Verbal Warning

2nd Incident- Meeting with Parent/Guardian

3rd Incident- Removal from program

Notwithstanding the foregoing, Results Learning, LLC may require removal from the program after occurrence of the 1st incident if the severity of the incident is such that Results Learning, LLC, in its sole discretion, determines that it cannot guaranty the safety of your child or other participants, staff, volunteers or third parties.

By signing below, you understand all of the above.

Parent's/Guardian's Signature and Date:

Student's Signature and Date:

STUDENT TECHNOLOGY USE POLICY CELL PHONE-LAPTOP-TABLETS

1. Laptops and tablets *will be* used during camp hours **but not** on field trips.
2. Students are not permitted to use cell phones. ***Unless direct instruction is given.***
3. During camp hours students should store **ALL** electronics out of sight in a backpack or a purse. Electronics must be turned off at all times.
 - a. A phone basket will be provide for all students to place cell phones in upon entering camp each morning and will be retuned every day at the end of camp.
 - b. At scheduled breaks, students will be allowed to check phone or text.
 - c. If a phone rings during class time, instructor will invoke the Student Technology Use Policy; "Forgetting" to turn off the cell phone is not an excuse.
 - d. During field trips, electronics will remained locked up at campus.
4. During field trips, cell phones will be permitted in pockets, back packs, gas and/or purses.
 - a. Students are prohibited from using a cell phone and/or any other electronics to take photographs or record video at any time during camp. This includes taking photographs or video recording during field trips.
5. If a student violates the Student Technology Use Policy, the coach or camp staff shall confiscate the electronic device.
6. A student is required to hand over any electronics and all its individual parts including but not limited to the battery and memory card(s) to a coach or camp staff when requested.
7. If a student has, an electronic item taken away by a coach or camp staff the appropriate administrator will assign disciplinary action and parents will be notified.
 - a. If a student is found to be in violation of the Student Technology Use Policy, he/she will be asked by camp staff member to surrender the device.
 - b. If the student refuses to surrender the device immediately, a camp staff member will contact a parent to obtain assistance in convincing the student to surrender the device.
 - c. If the student still refuses to surrender the device after parent intervention, he/she could be removed from camp.
8. If an electronic item (specifically a cell phone) is confiscated more than once, the administrator will handle this situation as insubordination and discipline will be assigned accordingly.
9. Camp coaches will carry a cell phone at all time during camp.
 - a. Calls to parents will be made via coach cell phones.
 - b. During camp hours parents may communicate with their son/daughter via the coach phone. (Phone numbers will be provided on the first day of camp.)

By signing below, you understand all of the above.

Parent's/Guardian's Signature and Date:

Student's Signature and Date:



C.E.O. SUMMER CAMP 2017

(PLEASE PRINT)

RESULTS LEARNING, LLC C.E.O. SUMMER CAMP PARTICIPANT WAIVER OF LIABILITY AND RELEASE AGREEMENT

ACKNOWLEDGEMENT OF RISKS

I _____ (the Undersigned), understand that there are certain dangers, hazards and risks (foreseen and unforeseen) inherent in attending and participating in the Results Learning, LLC C.E.O. Summer Camp, including, without limitation, risks related to use of equipment and facilities, personal safety (including risks of minor, serious or mortal personal injury) and risks of property damage. I have been provided with adequate opportunity to discuss these risks with Results Learning, LLC and examine the equipment and facilities if I requested an examination.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY

In recognition of the dangers, hazards and risks (foreseen and unforeseen) associated with attending and participating in the Results Learning, LLC C.E.O. Summer Camp, the undersigned confirms that the participant is physically and mentally capable of attendance and participation in all activities and use of all equipment and facilities associated with the Results Learning, LLC C.E.O. Summer Camp. The participant is willingly and voluntarily attending and participating and the Undersigned agrees that they and the participant shall assume all dangers, hazards and risks (foreseen and unforeseen) inherent in, arising from or related to the participant's attendance and participation in the Results Learning, LLC C.E.O. Summer Camp.

WAIVER OF LIABILITY/RELEASE AND HOLD HARMLESS

In consideration of the attendance and participation in the Results Learning, LLC C.E.O. Summer Camp and knowingly the dangers, hazards and risks (foreseen and unforeseen) of attending and participating in the Results Learning, LLC C.E.O. Summer Camp, the Undersigned, for themselves, any other parent and the participant, understand(s) and agree(s) to RELEASE AND HOLD HARMLESS Results Learning, LLC C.E.O. Summer Camp and its current and former trustees, officers, directors, employees, attorneys, representatives, owners and agents and waive any claim for injury and damage resulting from the participant's attendance and participation in the Results Learning, LLC C.E.O. Summer Camp.

ACKNOWLEDGEMENT

It is the express intent of the Undersigned that this Agreement shall bind the undersigned, any other parent, the participant, the participant's family, estate, heirs, administrators, personal representatives or assigns. The Undersigned acknowledges that they have read and understand this document and the RELEASE AND HOLD HARMLESS provisions. The Undersigned agrees that this Agreement shall be construed in accordance with the laws of the State of Colorado, without giving effect to the conflict of law's provisions thereof, and that the State of Colorado shall be the forum for any lawsuits filed under or incident to this Agreement. The terms and provisions of this Agreement shall be severable, such that if a court of competent jurisdiction holds any term to be illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby, and each and every term and condition of this Agreement shall be valid and enforced to the fullest extent and in the broadest application permitted by law. In the event any action, proceeding or litigation, judicial or non-judicial, arises out of the subject matter of this Agreement, the prevailing party shall be entitled to payment of all costs, expenses and attorney fees incurred, including those incurred on appeal and for collection of a judgment.

I expressly acknowledge and agree to the terms and conditions set forth on this Participant Waiver of Liability and Release Agreement.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ **Date:** _____