FIU EcoAcademy

Registration Information:

Please circle which weeks your camper will be attending:

Week 1: July 9th – 13th
Week 2: July 16th – 20th
Week 3: July 23rd – 27th
Week 4: July 30th – August 3rd

Please indicate the days and times the camper will need pre or post-care:

Pre-Care: _________________________________________________________
Post-Care: _________________________________________________________

Please rate camper’s swimming ability (1 does not know how to swim and 5 swimming proficient):
1 2 3 4 5

Camper’s T-shirt Size:
S M L XL

Authorize Pick-ups (name/relation/contact number):

1) __________________________ / __________________________ / __________________________
2) __________________________ / __________________________ / __________________________
3) __________________________ / __________________________ / __________________________

Make checks payable to Florida International University. Mail completed forms and check to:

Jennifer Grimm
FIU Biscayne Bay Campus
3000 NE 151st Street, AC I 323A
North Miami, FL 33181
Camper Code of Conduct

Parents/guardians and campers please review the following Code of Conduct, sign, and return.

Florida International University is dedicated to providing outstanding summer camps for youth. Campers are expected to behave appropriately and promote a safe, fun and healthy environment through productive participation. The staff will use a positive approach to discipline and will parental support to resolve behavior issues and to encourage positive behavior. Participants who remain disruptive after consultation with the parents may be dismissed from the program. Please review the Code of Conduct below with your child so that he/she fully understands the expectations.

As a camper, I will:

• Show respect to other participants, and treat them as well as I would like to be treated.
• Show respect to staff, and cooperate fully with their instructions.
• Know and follow the rules of the camp.
• Respect the rights and beliefs of others and treat others with courtesy and consideration.
• Communicate in an appropriate manner, which means I must not use foul language or gestures, harsh words or tone of voice.
• Conduct myself responsibly. I understand that horseplay, unwelcome teasing or other unkind behaviors are not allowed.
• Refrain from deliberately causing bodily harm to other participants or staff. I understand that pushing, kicking, hitting or fighting are not acceptable and will not be tolerated.
• Use program equipment, supplies, and facilities properly.
• Respect the property of others.
• Be fully responsible for my actions and understand that irresponsible behavior will result in disciplinary action.

___________________________________________  _______________________
Camper Signature                                   Date

___________________________________________  _______________________
Parent/Guardian Signature                          Date
Florida International University
MEDICAL AUTHORIZATION

PARENTAL CONSENT & AUTHORIZATION

We/I understand that our/my son/daughter __________________________________________ who is ______ years old and an academic year student at ______________________________ has been selected to attend the Eco Academy (hereinafter “PROGRAM”) to be held on the Florida International University, July 9, 2012 through August 3, 2012.

We/I understand that my/our health insurance, if available, will be the primary coverage for __________________________ in the event of accident or illness while attending the PROGRAM. We/I further understand that in the event we/I do not have insurance or have exceeded our coverage limits, our/my son/daughter will be insured by the sponsors/administrators of the PROGRAM for accident occurring during the participant’s attendance in the PROGRAM and excluding pre-existing medical conditions. This insurance coverage is limited to a total amount of $25,000 per participant. The policy will be arranged through the Florida International University and will be in effect for the duration of the PROGRAM. Upon written request, a copy of the policy will be sent to parents or guardians when it is available. This coverage will be effective from July 9, 2012 to August 3, 2012, exclusive of time away from the PROGRAM for the holiday weekend or at other times as approved by the Director or the Director’s Designee.

We/I also authorize the sponsors/administrators of the PROGRAM and authorized representatives of the Insuring Agency to obtain information regarding the medical history, physical condition, and diagnosis of our/my son/daughter as required to document covered accidents/illnesses. A photocopy of this authorization shall be valid as the original. This authorization will be valid for the term of our/my son/daughter’s coverage under the policy.

We/I the parent(s) or guardian(s) of ___________________________ ___________ do hereby request that the Florida International University, through its agents or employees, take whatever steps necessary to secure medical treatment for the child named above in the event such child appears to be in need of such treatment while attending the PROGRAM. We/I consent to the rendering of all necessary treatment including admission to a hospital or other appropriate health care facility, in such institutions and at such places as the Florida International University, acting through its agents or employees, deems best. I authorize the agents or employees of the University to execute whatever forms might be necessary to ensure complete and adequate care of out/my child.

We/I affirm that the above medical information is complete and accurate. We understand that pre-existing health conditions are not covered by the Florida International University or the PROGRAM insurance and that such conditions are the financial responsibility of the parent(s) or guardian(s). We/I also understand that the insurance policy cited above does not cover any medical problems known to us/me or that should have been known to us/me and not revealed by us/me to the Florida International University or the PROGRAM, and that certain conditions will not be covered under the terms of the insurance policy.

If this document is being signed only by one parent, I, the undersigned, affirm that I have been judicially granted sole custody of the participant. If this document is being signed by a guardian(s), I/we, the undersigned, affirm that I/we have been judicially granted legal guardianship of the participant.

Student Participant Signature ___________________________ Date ___________________________

Parent or Guardian Signature ______________________________________ Date __________

Student Participant Signature ______________________________________ Date __________

Parent or Guardian Signature ______________________________________ Date __________
Florida International University

CONTACT/MEDICAL INFORMATION

Camper: _______________________________________________________

Social Security #: ___________________________________ Birthdate: ___________________________________

Parent(s), Guardian(s) Names: ___________________________/ ______________________________

Home Address: ________________________________________________________________

City: ______________________________ State: __________________ Zip Code: ______________

Home Telephone: (_____)________________________ Cell Phone: (_____)________________________

Parent(s)/Guardian(s) Work Telephone(s) ___________________________ _____________________

Other Person to Contact in Case of Emergency: ___________________________________________

Phone Number: (_____)_______________________ Relationship: _____________________________

INSURANCE INFORMATION

Primary Insurance Company Name: ________________________________________________________________

Insured’s Name: ________________________________________________________________________________

Insured’s Social Security Number: __________________________________________________________________

Address: _______________________________________________________________________________________

City: _________________________ State: _________________ Zip Code: ________________

Telephone: ____________________________

Policy ID Number: _____________________________ Fax Number: ___________________________

Plan Type or Code Number: ____________________________

MEDICAL INFORMATION

The following section is to include special allergies or medical conditions that might require special attention during the Eco Academy (PROGRAM.) Examples are food, drug or insect allergies, diabetes, chronic illness, recent surgery, fainting spells, etc. It must also include any hospitalizations for any reason, any regularly prescribed medications, and any special or psychological examinations, conditions, or treatments.

Allergies ____________________________________________________________

Chronic Conditions (Asthma, etc.) ____________________________________________

Regular Medications ________________________________________________________

Medical History ____________________________________________________________

Parent(s)/Guardian(s) Signature(s) ___________________________________________ Date ____________________
CONSENT AND RELEASE

1. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby grant to FLORIDA INTERNATIONAL UNIVERSITY, its agents including, without limitation, others working for it or on its behalf, and their respective licensees, successors, and assigns (collectively, “Client”) the unlimited right and permission to use, distribute, publish, exhibit, digitize, broadcast, display, reproduce, and otherwise exploit my name, picture, likeness, voice, and biographical information, or any material based thereon or derived therefrom, or to refrain from so doing, in any manner or media whatsoever (whether now known or hereafter devised) anywhere in the world for the purposes of advertising or trade in promoting and publicizing Client and its products and services.

2. I shall have no right of approval, no claim to compensation, and no claim (including, without limitation, claims based upon invasion of privacy, defamation, or right of publicity) arising out of any use, alteration, blurring, distortion, faulty reproduction, illusionary effect, or use in any composite form of my name, picture, likeness, voice and biographical information.

3. I have the full and exclusive right and authority to grant the rights granted hereunder and I agree that this Consent and Release does not in any way conflict with any existing commitment on my part. I have not heretofore authorized (which authority is still in effect) nor will I authorize or permit the use of my name, picture, likeness, voice and biographical information in connection with the advertising or promotion of any product or service competitive to or incompatible with those of Client.

______________________________________________
Signature

______________________________
Name (Please Print)

______________________________________________
Address

______________________________________________
City, State, and Zip Code

______________________________
Telephone Number

______________________________
Email

______________________________
Date