FIU EcoAcademy

Registration Information:

Please circle which week(s) your camper will be attending:

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

Will the camper need pre or post-care?  Yes  No

Please indicate the days and times the camper will be dropped off and picked up:

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 (Youth):

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:

Shalimar G. Moreno
FIU Biscayne Bay Campus
3000 NE151st Street, AC1315
North Miami, FL 33181

**Please visit our website, seas.fiu.edu/opportunities/k-12-programs/ecoacademy/ for more information on EcoAcademy including tuition rates, cancellation policy, and what to bring.**
FIU EcoAcademy

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 use 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.

A $30 processing fee will be charged for all schedule changes (e.g. Changing camp week). Missed days of camp are not refunded or transferable. No tuition refund will be made in connection with late cancellation (after June, 18, 2018), late arrivals, early withdrawals, or camp dismissals due to inappropriate conduct. No compensation will be made for missed days due to natural disasters or other unforeseen events resulting in the closure of the university.

As a camper, I will:

- Show respect to other participants, and treat them 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 will 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
I, the undersigned, am the parent or legal guardian of ________________________________, a minor child, younger than 18 years of age, (“My Child”), whose address is __________________________________________. I acknowledge that My Child has been provided with the opportunity to participate in FIU Eco Academy on The Florida International University Board of Trustees’ (“FIU”) Biscayne Bay Campus in Miami, Florida, from July 9th to August 3rd (the “Program”) in FIU’s premises, specifically described as FIU Biscayne Bay Campus and Fieldtrip locations (the “Premises”).

We/I, the parent(s) or guardian(s) of My Child, do hereby request that FIU, through its agents or employees, take whatever steps necessary to secure medical treatment for My Child in the event My Child appears to be, at the sole discretion of FIU, in need of such treatment while attending the Program. We/I consent to the rendering of all necessary treatment, including, but not limited to, admission to a hospital or other appropriate health care facility, in such institutions and at such places as FIU, in its sole discretion, acting through its agents or employees, deems best. I authorize the agents or employees of FIU to execute whatever forms and/or actions might be necessary to ensure complete and adequate care of My Child and guarantee payment of all charges incurred as a result of any medical treatment or emergency transportation deemed necessary.

If this document is being signed by only 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.

In signing this Medical Authorization, we/I acknowledge and represent (i) that we/I have read and understand it; (ii) that we/I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same; and (iii) that we/I are at least eighteen (18) years of age and fully competent. We/I understand that this is a legal document which is binding on us/me, our/my heirs, executors, administrators, and assigns and on those who may claim by or through us/me.

Parent or Guardian (please print)  Parent or Guardian Signature  Date

Parent or Guardian (please print)  Parent or Guardian Signature  Date

Witness (please print)  Witness Signature  Date

Home, Work and Mobile Phone Number(s) of Parent(s) or Guardian(s)

Address Parent or Guardian

Medical Insurance Company Name  Policy Number/Plan Number

Contact Information:

Camper Name: ___________________________  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: (______) __________________________

INSURANCE INFORMATION:

Primary Insurance Company Name: ____________________________________________________________________________

Insured's Name: __________________________________________________________________________________________

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: ___________________________ Regular Medications: ___________________________

Chronic Conditions (Asthma, etc.): __________________________________________________________________________

Medical History: _______________________________________________________________________________________

Physician's Name: ___________________________ Telephone: ___________________________

***I AUTHORIZE MEDICAL TREATMENT FOR MY CHILD IN CASE OF AN ACCIDENT OR ILLNESS WHILE AT CAMP OR ON FIELD TRIPS***

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                                      Date

________________________________________
Name (Please Print)

________________________________________
Address

________________________________________
City, State, and Zip Code

________________________________________  __________________________
Telephone Number                              Email
FIU EcoAcademy

RELEASE, WAIVER OF LIABILITY, AND ASSUMPTION OF RISK (MINORS)

I, the undersigned, am the parent or legal guardian of ____________________________, a minor child, younger than 18 years of age, (“My Child”), whose address is ____________________________. I acknowledge that My Child has been provided with the opportunity to participate in FIU Eco Academy on The Florida International University Board of Trustees’ ("FIU") Biscayne Bay Campus, in Miami, Florida, from July 9th 2018 to August 3rd 2018 (the “Program”) in FIU’s premises, specifically described as FIU Biscayne Bay campus and Fieldtrip locations (the “Premises”).

I, for myself, for My Child, My Child’s heirs, executors, administrators and assigns, hereby release, waive, relinquish, and forever discharge and hold harmless FIU, FLORIDA INTERNATIONAL UNIVERSITY, STATE OF FLORIDA, THE FLORIDA BOARD OF GOVERNERS, and their respective officers, directors, employees, representatives, trustees, agents, students and volunteers (collectively the “Releasees”) from any and all claims, demands, damages, actions and causes of action, including, but not limited to, claims, demands, damages, actions and causes of actions for personal or bodily injury, damage or loss of property, or wrongful death, which I, My Child, My Child’s heirs, executors, administrators, and/or assigns have or may ever have arising out of, by reason of, or in any manner related to My Child’s participation in the Program and its related activities on FIU’s Premises, whether the same should arise by reason of negligence of Releasees or anyone organizing or participating in the activity or otherwise or in any way whatsoever or howsoever caused by the negligence of any of the Releasees. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts of or other conduct by Releasees. Further, I hereby agree that under no circumstances will I, for myself, for My Child, My Child’s heirs, executors, administrators and/or assigns, prosecute or present any claim for personal or bodily injury, damage or loss of property, or wrongful death against any or all of the Releasees. It is my intention by this instrument to exempt and relieve the Releasees from any and all liability arising out of My Child’s participation in the Program at FIU, including, but not limited to, liability for personal or bodily injury, damage or loss of property, or wrongful death.

I acknowledge that I am aware of risks and hazards connected with the Program and its related activities, including the risk of severe physical injury and other physical hazards, and that there may be risks and hazards unknown to me or My Child. I acknowledge that My Child’s participation in the Program is purely optional and that My Child is freely and voluntarily participating in the Program, despite any such risks and hazards.

I understand that part of the risk involved in undertaking any activity is relative to My Child’s own state of fitness. I acknowledge that My Child has no physical condition that would prevent him/her from safely participating in these activities. I give my consent for emergency medical treatment rendered to My Child in the event of injury or illness and agree to be responsible for all costs associated with My Child’s transportation and treatment.

I further expressly agree that this Release, Waiver of Liability, and Assumption of Risk is intended to be as broad and as inclusive as the laws of the State of Florida will allow, and that if any portion thereof is held to be invalid, it is agreed that the balance shall, notwithstanding the invalid portion, continue in full force and effect.

I further represent and state that I am not relying on any oral or written representation or statements made by the Releasees. I further agree that this Release, Waiver of Liability, and Assumption of Risk shall be governed by and interpreted in accordance with the laws of the State of Florida.
In signing this Release, Waiver of Liability, and Assumption of Risk, I acknowledge and represent (i) that I have read and understand it; (ii) that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same; (iii) that I am giving up substantial rights by signing it; and (iv) that I am at least eighteen (18) years of age and fully competent. I understand that this is a legal document which is binding on me, my heirs, executors, administrators, and assigns and on those who may claim by or through me.

I HAVE READ THE ABOVE RELEASE, WAIVER OF LIABILITY, AND ASSUMPTION OF RISK AGREEMENT AND, BY SIGNING IT, VOLUNTARILY AGREE TO BE BOUND BY IT, AND AGREE THAT IT IS MY INTENTION TO EXEMPT AND RELIEVE THE RELEASEES FROM LIABILITY FOR PERSONAL OR BODILY INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE OF ACTION.

Parent or Legal Guardian for ___________________________:

________________________________________
Name (Print)

________________________________________
Signature Date

Witnesses:

________________________________________
Name (Print)

________________________________________
Signature Date

________________________________________
Name (Print)

________________________________________
Signature Date
Campers are welcomed to bring their own lunch or purchase one from FIU. As a result of the large number of summer camps at FIU, campers who choose to purchase lunch will be asked to pre-order and pay for meals in advance with registration. This policy allows us to have the lunches ready and waiting so campers can enjoy their full lunch period and doesn’t require campers to bring money with them each day. Each meal is $6.95. The following are entrees available as combo meals and include a choice of canned soda or bottled water and a side of french fries.

Turkey & Cheese Sandwich
3 piece chicken tenders
Cheeseburger
Grilled Chicken
Crispy Chicken
Veggie Burger
Chef Special

Please fill out the following table to indicate which lunch options the camper would like (One check for the meal and one check for the drink for each day). If the camper is attending multiple weeks please complete the table for each week. Because excursions into the field are taken every Friday, all campers are required to bring a lunch on that day.

<table>
<thead>
<tr>
<th>Lunch Option</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
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</thead>
<tbody>
<tr>
<td>Turkey Sandwich</td>
<td></td>
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</tr>
<tr>
<td>Chicken Tenders</td>
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<tr>
<td>Cheeseburger</td>
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<tr>
<td>Grilled Chicken</td>
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<tr>
<td>Crispy Chicken</td>
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<tr>
<td>Veggie Burger</td>
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<tr>
<td>Chef Special</td>
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<tr>
<td>Water</td>
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<tr>
<td>Canned Soda</td>
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</tbody>
</table>

Number of Lunches x $6.95 = Total Cost for Lunches

** Please add this cost to the registration fee.