

**Elite Dream Center  
1106 N. Arizona Ave.  
Chandler, AZ 85225  
(480) 628-5339**

## **Camp Elite 2024 Summer Camp Registration Form**

Camp Elite will be offering our fourth annual summer camp for our community. This is an 8-week program from June 3 – July 26. Summer camp will be held Monday – Friday, 8am - 3pm.

Activities will include art projects, field trips, cultural awareness activities and water days. Each day, the activity will be tied to our weekly behavioral health themes. A more detailed calendar of events will be sent home towards the end of May.

**Week 1 – Social/Emotional Skills**

**Week 2 – Anger Management**

**Week 3 – Self-Esteem/Advocacy**

**Week 4 – Resilience**

**Week 5 – Communication**

**Week 6 – Life Skills/Daily Living Skills**

**Week 7 – Positive Peer Relationships/Bullying**

**Week 8 – Coping Skills**

**MONDAYS - Art Projects/Physical Development**

**TUESDAYS - Water Day**

**WEDNESDAYS - Field Trips**

**THURSDAYS - Cultural Awareness**

**FRIDAYS - Water Day**

Each camper will receive a clear drawstring backpack, water bottle and camp shirt. The participant will be required to wear their camp shirt as much as possible. Parents/Guardians are responsible for cleaning the camp t-shirts.

Campers in the summer camp program will be based on good behaviors and engagement in all behavioral health activities. Elite has planned two incentive trips during the 8-week program, and campers will be eligible to attend only if they are participating and engaging appropriately throughout all other activities.

Elite is planning an end of summer showcase where we will display camper's artwork, photographs and videos of our outings. We will also highlight our sponsors and team that made Camp Elite possible. This is tentatively scheduled for July 26, 2024 and we will invite parents, guardians, case managers and sponsors. The photos or videos will not be shared with anyone outside of Elite & their families and case managers. More details for this event will be sent out later in the summer.

**Camp Elite Registration Form**

Camper Name: \_\_\_\_\_

**SUMMER CAMP TUITION & PAYMENT:**

Summer camp tuition fee must be paid in full one week prior to the beginning of camp or the week that your child is enrolled, either by cash or check. If a camper's tuition is not paid they will not be able to attend camp.

**Deposit:**

\$100 deposit is due at the time of camp registration. This deposit will be put towards camp tuition.

**Please select from the following payment options:**

- Full 8 weeks 6/3/24-7/26/24 -\$3000
- 4 weeks of camp-\$1500
- 2 weeks of camp-\$750
- Week of 6/3/24 - \$375
- Week of 6/10/24 - \$375
- Week of 6/17/24 - \$375
- Week of 6/24/24 - \$375
- Week of 7/1/24 - \$375
- Week of 7/8/24 - \$375
- Week of 7/15/24 - \$375
- Week of 7/22/24 - \$375

**Camp Tuition Total: \$\_\_\_\_\_**

The financially responsible party signing this form understands and agrees to follow the Tuition Payment and Fees Policy. If multiple parties are paying for tuition, a Tuition Agreement is required for all Financially Responsible Parties.

**PARTICIPANT INFORMATION:**

**Child**  
 First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_\_  
 Female \_\_\_  
 School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  
 Street Address \_\_\_\_\_  
 \_\_\_\_\_  
 Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

Child lives with: \_\_\_\_\_  
 \_\_\_\_\_  
 Person responsible for payment \_\_\_\_\_  
 \_\_\_\_\_

**Parent/Guardian - Contact Information**

**Parent/Guardian #1**  
 First \_\_\_\_\_ Last \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 \_\_\_\_\_  
 Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_  
 \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 \_\_\_\_\_

**Camp Elite Registration Form**

**Camper Name:** \_\_\_\_\_

**Parent/Guardian #2**

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

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_ Daytime phone \_\_\_\_\_

Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Emergency Contact Information – Alternate Pickup/Release**

**Emergency Contact #1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

**Emergency Contact #2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**Medical Release Information**

Insurance Information

Policy Number \_\_\_\_\_ Name of Health Insurance \_\_\_\_\_

Provider \_\_\_\_\_

Primary \_\_\_\_\_

Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Hospital \_\_\_\_\_

Preference \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet? Yes\_\_ No\_\_ If yes,

explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

**Camp Elite Registration Form**

Camper Name: \_\_\_\_\_

**TERMS OF AGREEMENT**

**Photo Release:**

I hereby give permission for my child to be photographed during **Camp Elite**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Feather Camp Elite and its affiliates.

Parent's/Guardian's Initials \_\_\_\_\_

Camp Elite and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Coordinator Signature: \_\_\_\_\_

Director Signature: \_\_\_\_\_

**PARTICIPATION CONSENT FORM**

(REQUIRED)

I, the undersigned\*, hereby release discharge, indemnify, hold harmless and defend Elite Dream Center, its staff, and administration from any and all liability (claims, demands, losses, causes of action, suits, judgements) of any kind that I or my family may have against the center due to death, personal injury or illness, loss or damage to property, or future causes that occur during the 2024 Camp Elite. In the event of any medical emergency, I authorize and consent for Elite to act on behalf for medical care deemed necessary for the participant.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Name of Parent

\_\_\_\_\_  
Medical Insurance Company

**Camp Elite Registration Form**

**Camper Name:** \_\_\_\_\_

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Family Doctor                      Phone Number

\_\_\_\_\_  
\*Parent Signature

\_\_\_\_\_  
Contact Phone Number              Date