



# Application

for Day Camps

**\$59 Daily** includes lunch & snack  
**campus:** Suncoast Academy  
8084 Hawkins Road  
**hours:** 7:30am-5:30pm

## Thanksgiving and Christmas Break

Wednesday 11/25

Tuesday 12/22

Tuesday 12/29

Friday 11/27

Wednesday 12/23

Wednesday 12/30

Monday 12/21

Monday 12/28

Thursday 12/31

Applicant Name:

DOB:

Grade:

Gender:

Applicant Name:

DOB:

Grade:

Gender:

Applicant(s) Home Address:

Email:

Schools Attended:

Father's Full Name:

Phone:

Email:

Home Address:

Employer:

College Attended:

Major:

Mother's Full Name:

Phone:

Email:

Home Address:

Employer:

College Attended:

Major:

Does the applicant(s) have an emotional or physical health problem of which SSI should be aware? (This may include special diets, prescriptions, counseling, or limitations on normal activities.) If so, please specify.

Is the applicant taking any medications:

Has the applicant ever been suspended, expelled or withdrawn from any school for any reason? If yes, please specify.

# Application

(cont'd)

Current Teacher's Name:

Email Address:

Please provide any pertinent information about your child for which SSI should be aware.

## General Waiver and Release

The undersigned parent(s)/guardian(s) of \_\_\_\_\_ (child's name), a minor (the "Participant"), hereby give my/our full consent and permission for the Participant to participate in all recreational, athletic, co-curricular, and extra curricular activities offered by Summer Success Institute (SSI) during the periods of November 25th, 2020 - December 31st, 2020, including without limitation, classroom activities, enrichment classes, recess, physical education, general playground activities, science demonstrations, all activities provided by outside vendors, including those with animals as part of demonstration. I/We understand that by participating in the Activities, and I/we expressly assume such risk, the Participant/SSI may be subjected to physical dangers inherently present in the Activities which are impossible for SSI to fully control, anticipate, or eliminate. I/We represent to SSI that the Participant is physically fit and able to participate in the programs and activities. In exchange for permitting the Participant to participate in the activities, to the extent permitted by law, I/we agree to waive all claims for damages, expenses, and costs that I/we may have, or which may subsequently accrue to me/us or the Participant against SSI, its employees, officers, agents, representatives, and assigns for death, personal injuries, and losses to property, real or personal, caused by or arising out of the SSI programs and/or activities resulting from an inherent risk in the programs and/or activities. I/We also agree to any of the SSI staff, employees, agents, or representatives administering, or consenting to the administration, of any and all necessary medical services to the Participant under the general or special supervision and upon the advice of a physician or surgeon licensed under Florida law. I/We hereby authorize medical treatment in case of emergency. I/We understand and acknowledge that SSI does not carry or maintain health, medical, or disability coverage for the Participant and therefore agree to assume the responsibility for the cost of any such emergency medical care and warrant that I/we carry such insurance coverage for and on behalf of the Participant. I/We further agree to provide SSI with a copy of medical insurance card for the Participant (in the event of emergency), current information concerning the Participant's medical or physical conditions, including, but not limited to, any allergies the Participant may have, medications the Participant takes, and whether the Participant suffers from asthma. I/We will also provide names and phone numbers for emergency contacts on the Emergency Medical Form.

## NOTICE TO MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF SSI USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM SSI IN A LAWSUIT FOR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM. -Section 744.301(3)(b)

Additionally, I agree to the terms of the financial commitment and understand that payments are nonrefundable. Student acceptance is valid once all forms are reviewed and payment is received.

Parent Signature

Date

Acceptance by:

Date and time of acceptance:

Details:



SSI USE ONLY: