REAL LIFE DAY CAMP PARENT POLICY AGREEMENT

Dear parent,

Please read the policies of Real Life Day Camp. Sign and return this form through the mail, or at our Open House on Saturday May 18th.

I understand that the tuition rates are as follows:

5 days: $250.00
4 days: $219.00
3 days: $174.00
2 days: $144.00

Due to the fact that Real Life Day Camp has reserved a space for my child

I understand that tuition payment is due even if my child is unable to attend camp due to illness or other circumstances.

I understand that the registration fee is non refundable.

I understand that all deposits are non refundable and non transferable after **May 18, 2019.**

I understand that that tuition must be paid in advance or on the first day my child attends each week. A $20.00 late fee will be added to my bill if I fail to pay tuition on my child's first day of each week.

I understand that there will be a $25.00 fee for any returned checks.

I understand that the field trip fee is to be included in my tuition check.
Field trips are every Thursday. My child is allowed to bring money for concessions, etc. when going on field trips.

I understand that field trip destinations are subject to change due to weather or other circumstances.

I understand that my child/children must have the following forms on file to stay at camp:

- **Registration Form**
- **Health Form**
- **Child Information Form** (Printed out with registration form).
- **Parent Policy Agreement**
- **Liability Waiver**

Parent Signature: _____

Director Signature: Donald R. Fraser

REAL LIFE DAY CAMP LIABILITY WAIVER
AGREEMENT TO WAIVE LIABILITY AND ASSUME RISK

In consideration of Real Life Day Camp agreeing to allow my child/children:

_____
(child/children's names)

to participate in the following activities: Pony Rides on horseback, Water Play, group games, animal care, barn/playground play, and any other Day Camp related activities, on behalf of myself and/or my child/children's participation in the above activities, I do hereby waive, release and discharge any and all claims for damages of any nature as a result of injury, which may occur to my child as a result of my and/or my child's participation in the above activities.

I further agree to indemnify and hold harmless Real Life Farm from any liability to myself, my child or any third party arising or in any way connected with my and/or my child's participation in the above events.

I further understand that there is always some risk involved in riding horses and being in close proximity to farm animals and machinery, and in participating in any of the above activities, and that injuries may occur. Knowing these risks, I hereby agree to assume said risks on behalf of myself and/or my child.

WARNING

Under the Michigan equine activity liability act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.

It is further understood that this release is binding upon my heirs and assigns.

REAL LIFE DAY CAMP

_____/President

Dated: _____2019 **By: _____**
(Parent or Guardian)

Developed in Cooperation With:
Departments of Consumer & Industry Services,
Community Health, and Education;
Michigan State Medical Society;
Michigan Association of Osteopathic Physicians and Surgeons

HEALTH APPRAISAL

☐ School
☐ Children's Group
☐ Child Care Center
☐ Child Caring Institution
☐ Other: _____

Dear Parent or Guardian:
The following information is requested so that the school and parent can work together to meet the physical, intellectual, and emotional needs of the child. Fill out the information requested in Section I. Section II may be certified by transcription of information from the certificate of immunization. The remaining sections (111, IV, V) are to be completed by a doctor, nurse, and dentist. (BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)

PERSONAL

Child's Name _____ Sex _____ Date of Birth _____
Last First Middle

Address _____ Today's Date _____
Number & Street City Zip

Parent's or Guardian's Name _____ Telephone (Home) _____
Last First Middle

Address _____ Telephone (Work) _____
Number & Street City Zip

SECTION I -- HEALTH HISTORY

Is your child having any of the problems listed below?	Yes	No
1. Allergies or reactions: (for example, food, medication, or other)		
2. Hay fever, asthma, or wheezing		
3. Eczema or frequent skin rashes		
4. Convulsions/Seizures		
5. Heart trouble		
6. Diabetes		
7. Frequent colds, sore throats, earaches (4 or more per year)		
8. Trouble with passing urine or bowel movements		
9. Shortness of breath		
10. Speech problems		
11. Menstrual problems		
12. Dental problems: date of last examination:		
13. Other		

Please explain any problem areas identified above:

Does your child take any medications regularly? ☐ Yes ☐ No

If yes, what medication? _____

Reason for Medication: _____

Parent's Signature: _____

SECTION II --IMMUNIZATIONS

Statements such as "UP TO DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information. *

VACCINE	Type	DATE ADMINISTERED Mo/Day/Yr.	Type	Mo/Day/Yr.
DTaP/DTP/Td (Specify Type)		1.		6.
		2.		7.
		3.		8.
		4.		9.
		5.		10.
Haemophilus influenzae type b (HIB)		1.		3.
		2.		4.
POLIO IPV/OPV (Specify Type)		1.		4.
		2.		5.
		3.		
Note: If Measles, Rubella, or Mumps vaccines were given before 12 months of age, the dosage must be repeated.				
MMR		1.		2.
Varicella (Chickenpox)		1.		
		2.		
Hepatitis B HBV		1.		3.
		2.		
Pneumococcal Conjugate (PCV)		1.		3.
		2.		4.
Other Vaccines				
Indicate physician diagnosis or laboratory evidence of immunity as applicable				
VACCINES WAIVED DUE TO REACTIONS/CONTRAINDICATIONS/ RELIGIOUS OBJECTIONS				

I certify that the immunization dates are true to the best of my knowledge

Validating Signature Title Date

*According to Act 368, Public Acts of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious, and other objections provided that waiver forms are properly prepared, signed, and delivered to school administrators. Forms for these exemptions are available at your school or local health department.

SECTION III -- PHYSICAL EXAMINATION, INSPECTION, TESTS, AND MEASUREMENTS

EXAMINATIONS AND/OR INSPECTIONS

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

TESTS AND MEASUREMENTS

	Normal	Under Care	Referred		Normal	Under Care	Referred
Vision Tested? ☐ Visual Activity ☐ Yes ☐ No ☐ Ocular Muscle Date_____ ☐ Other_____				Urinalysis Done? ☐ Sugar ☐ Yes ☐ No ☐ Albumin Date_____ ☐ Microscopic			
Hearing Tested? ☐ Audiometer ☐ Yes ☐ No ☐ Other_____ Date_____				Blood Pressure Measured? ☐ Yes ☐ No Reading_____			
Hemoglobin/Hemotocrit Tested? ☐ Yes ☐ No				Height_____ Weight_____ Other:			
Blood Lead Level Tested? ☐ Yes ☐ No Date_____ Reading_____				Blood Lead level recommended for all children age six and under			

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

Tuberculin Test (if given) Date _____ Type_____ ☐ Negative ☐ Positive _____ mm.

SECTION IV -- RECOMMENDATIONS

Is there any defect of vision, hearing, or other condition for which the school could help by seating or other action? ☐ Yes ☐ No

If yes, please explain:

Should the student's activity be restricted because of any physical defect or illness? ☐ Yes ☐ No If yes, check below and explain degree of restriction:

☐ Classroom ☐ Playground ☐ Gymnasium ☐ Swimming Pool ☐ Competitive Sports ☐ Camp ☐ Other

Examiner's Signature | Date | Examiner's Name (print or type) | Degree or License

Number & Street | City | Zip | Telephone

SECTION V -- DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ teeth and make the following recommendations as for treatment:
Child's Name

_____
Dentist's Signature Date

COMMENTS