



Zing Zumm Camp Participant Registration and Release Form

Registration and Refunds:

Registration and payment for Zing Zumm Camp must be completed and submitted online at www.zingzumm.org. Full payment is required at the time of registration to reserve the child's space. Due to limited space and pre-planning, **refunds will not be given**. Participants may only register for full weeks. Whether or not the child attends all days, there will be no proration of fees for any days a child participant cannot attend. Registration is open for all members and non-members.

Age Guidelines:

Zing Zumm Camp is for children ages 5-10 years old and no exceptions will be made. Children **MUST** be potty-trained and able to use the restroom without any assistance.

Hours of Operation:

Zing Zumm Camp hours are Monday-Friday 9am-12pm, with drop off no earlier than 8:30am and pickup no later than 12:30pm. Parent/guardian must park their vehicle and walk their child into the building and sign the child into Camp. Parent/guardian must also provide the name of the adult picking the child up that day and photo identification will be checked prior to child being released. **CHILDREN WILL NOT BE RELEASED TO ANY PERSON NOT ON THE PICKUP FORM. NO EXCEPTIONS.**

Late Pick-Up Policy:

There will be a late-fee assessed for children who are picked up after 12:30 pm. The late fee is \$1.00 for each minute past 12:30 pm. Repeated late pick-ups may result in the removal of the participant from the program, with no refund for pre-paid programs.

Medical Needs/Allergies:

Zing Zumm Camp is not permitted to administer medication to program participants. In the event of a medical emergency, Zing Zumm Camp will administer first aid, CPR, and rescue in the best interest of the child. Parents will be contacted if care is administered. Allergy medications may be administered if directed in writing by the child's parent/guardian. Parents must alert staff to any and all known allergies as well as any medical conditions which require special dietary needs or exceptions (ie Diabetes, Crohn's Disease, etc.).

Special Circumstances:

Parents and Guardians are required to inform the Zing Zumm Camp Staff in writing of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including, but not limited to, any serious behavioral problems or special circumstances regarding psychological, medical, or physical conditions. Once the notice is submitted, a conference will be scheduled with the parent/guardian to discuss the special circumstances and whether Zing Zumm can accommodate.

Dress Code:

Children should dress appropriately for the activities scheduled. Zing Zumm recommends “play clothes” and some sort of athletic footwear. **We do not recommend wearing any clothes that would be devastating to have ruined via staining or rough play.**

Personal Belongings:

Please put the child's name on any items that will be left (book bag, snack bag, etc.). Children should NOT bring toys, cellphones, electronic devices, jewelry, money, or any possession of value with them to day camp. **Children will not be permitted to use any electronic devices during camp.** Zing Zumm is not responsible for any lost, unapproved items.

Behavior Management/Discipline Policy:

Zing Zumm Camps are educational programs and all participants are expected to participate in programming to the best of their ability. Camps do not include free-play in the museum. If your child is not interested in the educational activities of camp we recommend that you not sign them up. Refunds will not be given due to lack of interest in the programs.

Zing Zumm Camp will create a fun and safe environment for participants in the program. Praise and positive reinforcement are used as effective methods of behavior management. Children who do not respond to these methods or who are destructive to others or to property will be approached in a professional, positive, and timely manner to correct the behavior. The following procedures will be followed for behavioral management. All incident reports will be discussed privately with parents/guardians and a copy of each report will be kept on file at Zing Zumm.

1. In the event a child's behavior is a repeated behavior and cannot be corrected by Zing Zumm Staff with a verbal warning or other form of behavior modification, a first incident report will be written to document and correct behavior. A copy of the report will be given to the parent/guardian the same day as the incident.
2. A second incident report will be filed if the behavior is repeated or new behavior incidents occur. This report will follow the same process as the first, but the child may be removed from that day's program as well as the rest of the week's programs and no refund will be provided for the suspended days. A copy of the report will be given to the parent/guardian the same day as the second incident.

Note: Immediate dismissal from the program can occur at any time given severe circumstances. Refunds for missed days due to a discipline dismissal will not be granted.

Nutrition/Snacks:

Snacks will be provided each day; however, children are permitted to bring their own if they choose. Please bring snacks in a non-glass container and must be clearly labeled with the child's name. Please do not send gum. Parents must alert staff to any and all known allergies as well as any medical conditions which require special dietary needs or exceptions (ie Diabetes, Crohn's Disease, etc.).

Photo Waivers and Informed Consent:

By signing this form, I, as parent/guardian, permit Children's Museum of Jacksonville, Inc. dba Zing Zumm to use pictures of my child as a program participant in promotional literature, videos, and website (www.zingzumm.org). I understand my child's name will not be published.

I, as parent/guardian of _____ ("Child"), hereby assume all risks and hazards incidental to the conduct of the activities at Children's Museum of Jacksonville, Inc. dba Zing Zumm. My child is fit for the program(s) in which I have enrolled him/her. I HEREBY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS RELEASEES FROM EVERY CLAIM AND ANY LIABILITY THAT I OR MY CHILD MAY ALLEGE AGAINST RELEASEES (including reasonable legal fees and costs) AS A DIRECT OR INDIRECT RESULT OF INJURY OR DEATH TO ME OR MY CHILD BECAUSE OF MY CHILD'S PARTICIPATION IN CHILDREN'S MUSEUMS OF JACKSONVILLE'S SPRING BREAK DAY CAMP, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERS TO THE MAXIMUM EXTENT PERMITTED BY LAW. I PROMISE NOT TO SUE RELEASEES ON MY BEHALF OR ON BEHALF OF MY CHILD REGARDING ANY CLAIM ARISING FROM OR RELATED TO MY CHILD'S PARTICIPATION IN ANY CHILDREN'S MUSEUM OF JACKSONVILLE, INC.'S PROGRAMS.

I ACKNOWLEDGE THAT, BY SIGNING THIS DOCUMENT, I AM RELEASING CHILDREN'S MUSEUM OF JACKSONVILLE, INC. AND ITS REPRESENTATIVES, AGENTS, EMPLOYEES, VOLUNTEERS, MEMBERS, SPONSORS, PROMOTERS, AND AFFILIATES (COLLECTIVELY "RELEASEES") FROM LIABILITY, AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS SIGN UP AND RELEASE FORM IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL ACTIVITIES IN WHICH MY CHILD ENGAGES DURING THE DAY CAMP AT CHILDREN'S MUSEUM OF JACKSONVILLE, INC. REGARDLESS OF WHETHER SUCH ACTIVITY IS A PART OF A FORMAL PROGRAM. I HAVE READ THIS RELEASE CAREFULLY BEFORE SIGNING. I UNDERSTAND WHAT THIS RELEASE MEANS AND WHAT I AM AGREEING TO BY SIGNING.

I understand that no insurance coverage for participants in these activities is provided by Children's Museum of Jacksonville, Inc. By registering for this program, I understand and agree that if a portion of the program is unable to be completed due to unforeseen circumstances under responsibility of Children's Museum of Jacksonville, Inc., I will receive a prorated credit on my account for the uncompleted portion of the program. I also understand that no refunds or proration will be given for any other reason.

Signature: _____

Date: _____

Printed Name: _____

Participant Information

Child's Full Name:

Nickname:

Sex: M F

Participant Date of Birth:

Age During Camp:

Parent/Guardian Name:

Phone Number:

Is this child allergic to anything or have any medical conditions? If yes, please explain.

Is this child currently taking medication that we should be aware of? If yes, please explain.

Does this child have special needs? If yes, please explain?

*programs are provided for people of all abilities. If there is a need for reasonable modification, please YES above and speak to the Director prior to the start of camp. Each compliance will be assessed in compliance with the ADA.

Emergency Contact Information

*please provide another adult contact information in case of emergency

Name:

Phone Number:

Relationship (to child):

Name/Relationship of Person(s) allowed to pick up this child:

1.

2.