



SCHOOL'S OUT DAYCAMP

MARS
Centers For
Academic Success

INSPIRING THE NEXT GENERATION OF LEADERS

CAMP REGISTRATION

PART 1

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home phone: () _____ Cell phone: () _____

Work phone: () _____ eMail: _____

Date of Birth: ___/___/___ Age: _____ Gender: Male Female

American Indian or Alaska Native Black or African American White More than one race

Asian Hispanic or Latino(a) Native Hawaiian/Pacific Islander

School Currently Attending: _____ Phone: _____

School Address: _____ Grade Level: _____

T-Shirt Size: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large

PART 2

PARENT/GUARDIAN INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home phone: () _____ Cell phone: () _____

Work phone: () _____ eMail: _____

Date of Birth: ___/___/___ Age: _____ Gender: Male Female

American Indian or Alaska Native Black or African American White More than one race

Asian Hispanic or Latino(a) Native Hawaiian/Pacific Islander

Relationship to Student: Mother Father Guardian Other: _____ Custodial Parent? Yes No

PART 3

DROPOFF AND PICKUP SCHEDULE

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Dropoff							
Pickup							

AUTHORIZED PICKUP

Name of person responsible for picking up the student: _____

Work phone: () _____ Gender: Male Female

eMail: _____ Relationship to student: _____

I understand that no one else will be allowed to pick up my child unless I notify the MARS Center in advance, or in writing. The person picking up will be asked for a valid and current photo ID for verification. If a valid photo ID can not be furnished the student will not be released until someone on the pickup list shows up with a valid photo.

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▶ **PART 4**

MEDICAL CONDITIONS

Please describe special medical conditions (allergies, etc.) or special accommodations you have:

Please provide names of medication, dosage & frequency currently using:

Please provide a list of approved medications that can be administered in case of emergency:

Note: In case of emergency, if a listed parental guardian is unavailable I hereby authorize a MARS Center camp counselor or director to administer medication, secure proper treatment, or hospitalize my child.

▶ **PART 5**

EMERGENCY CONTACT

Please use this area to list those we can contact in an emergency situation where a parent or guardian is unavailable or can not be reached.

Name: _____	Name: _____	Name: _____
Relationship to Camper: _____	Relationship to Camper: _____	Relationship to Camper: _____
Home Phone: _____	Home Phone: _____	Home Phone: _____
Cell/Work Phone: _____	Cell/Work Phone: _____	Cell/Work Phone: _____
Name of regular physician: _____		Phone Number: _____

▶ **PART 6**

AGREEMENT AND NOTIFICATIONS

NOTICE OF FILMING AND PHOTOGRAPHY

ONE – When you enter a MARS Centers For Academic Success (“MARS Centers”) facility, event or program, you enter an area where photography, audio, and video recording may occur.

TWO – By entering the event premises, you consent to interview(s), photography, audio recording, video recording and its/their release, publication, exhibition, or reproduction to be used for news, web casts, promotional purposes, telecasts, advertising, inclusion on websites, social media, or any other purpose by MARS Centers and its affiliates and representatives. Images, photos and/or videos may be used to promote similar MARS Centers events in the future, highlight the event and exhibit the capabilities of MARS Centers. You release MARS Centers its officers and employees, and each and all persons involved from any liability connected with the taking, recording, digitizing, or publication and use of interviews, photographs, computer images, video and/or or sound recordings.

THREE – By entering the event premises, you waive all rights you may have to any claims for payment or royalties in connection with any use, exhibition, streaming, web casting, televising, or other publication of these materials, regardless of the purpose or sponsoring of such use, exhibiting, broadcasting, web casting, or other publication irrespective of whether a fee for admission or sponsorship is charged. You also waive any right to inspect or approve any photo, video, or audio recording taken by MARS Centers or the person or entity designated to do so by MARS Centers.

WAIVER OF LIABILITY

Anyone entering the premises of MARS Centers For Academic Success must fill out a Release of Liability Waiver Form. This includes parents, children and spectators whether participating or watching a class, birthday party, or special event. I hereby release MARS staff, MARS Centers, CFCAAR Inc., and facilities used from any and all liability for injuries and illnesses incurred while on or off premises during participation or watching. I will be responsible for any cost of medical attention and treatment. I understand that no insurance coverage for participants in these activities is provided by MARS Centers. I fully understand that the Program participant and their legal guardians will be held responsible for all property damages and may be sent home without a refund for violation of MARS Centers rules. I acknowledge that if anyone is hurt or property is damaged during my participation in any activity, I may be found by a court of law to have waived my right to maintain a lawsuit against MARS Centers on the basis of any claim from which I have released them herein. MARS Centers are not responsible for any personal items lost, stolen, or damaged. 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 MARS Centers, 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 unless written request is submitted with adequate time and is approved by the Director. I have had sufficient opportunity to read this entire document and have read and understood it and agree to be bound by its terms.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I authorize the staff of MARS Centers to act on my behalf according to their best judgement in an emergency requiring medical attention.

PHYSICAL EXAMINATION

I hereby warrant that my child is in good physical condition and is capable of participating in this program. I am aware that a completed medical form signed by a physician is required before my child may begin. I give permission for my child to participate in MARS Centers After-School or Day Camp Program and understand that enrollment is based on availability and completion of all portions of the the registration process.

FIELD TRIP PERMISSION

Prior to the start of camp MARS Centers will provide a copy of all proposed field trip locations, dates, and important contact information. I hereby give permission for my child to participate in MARS Centers Schools Out Day Camp field trips.

CONSENT FOR SUNSCREEN AND INSECT REPELLENT APPLICATION

I hereby authorize and agree that a qualified and designated staff member of MARS Center may apply and re-apply sunscreen and insect repellent for outdoor safety protection.

PARENT INFORMATION STATEMENT

(NYCHC §48.29) MARS Centers For Academic Success Schools Out Day Camp is licensed by the New York City Department of Health and Mental Hygiene. Inspections of MARS Centers for Health and Safety guideline adherence is conducted twice yearly. Inspection reports conducted by NYDOH are kept on file at 310 Nassau Ave, Suite 301, Brooklyn, NY 11222.

Parent/Legal Guardian Signature: _____ PRINT NAME: _____ Date: ___/___/___