

# 2024 Summer Teen Intensive: Ages 14-16



Camper Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ (For Receipt, Camper Forms, and Camp updates)

Youth Intensive Tuition: 4-Week	Early /After Care
<input type="checkbox"/> \$685 Member	\$5 a day for Early Care \$5 a day for After Care
<input type="checkbox"/> \$720 Non-Member	\$50 per week for both EC & AC

Session 1	Dates	Early Care (Select Specific Days or all)	After Care (Select Specific Days or all)	Tuition
A Midsummer Night’s Dream	June 3 – June 28	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
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<input type="checkbox"/> Session 2	Dates	Early Care (Select Specific Days or all)	After Care (Select Specific Days or all)	Tuition
SpongeBob the Musical Intensive	July 8 – August 2	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
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SUB TOTAL				
DISCOUNT see below <input type="checkbox"/> 15% Early Bird –OR- <input type="checkbox"/> 10% Sibling / Multi Week				
TOTAL DUE				

## REGISTRATION TERMS:

- Registration is on a first-come, first-serve basis.
- Full payment is due at time of registration.
- You will receive a confirmation email from OVATION TICKETING with LINKS to CAMP GUIDELINES & FAQs and CAMPER PERMISSION FORMS which must be completed and signed by a parent/legal guardian to complete registration.

## DISCOUNTS: Discounts cannot be combined

- 15% EARLY BIRD ends April 30, 2024
- 10% SIBLING Discount begins May 1, 2024
- 10 % MULTIPLE WEEK Discount begins May 1, 2024

Camp Policies and FAQ can be found at [www.carrollwoodcenter.org/camp-activities](http://www.carrollwoodcenter.org/camp-activities)

Office Only Use Below

Staff Initial \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Order # \_\_\_\_\_  
Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_ Code \_\_\_\_\_ Zip Code: \_\_\_\_\_

# 2024 Summer Teen Intensive 14 – 16: Camper Permission/Medical/Liability Waiver

Camper Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_ / \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Authorized Pick-Up List/ Emergency Contacts

List persons approved to pick up camper and in event of an emergency. Please list all who are authorized for pick-up.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## Participation/ Liability Release

I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in Carrollwood Cultural Center summer camp events. This release is intended to discharge in advance Carrollwood Cultural Center, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assignees.

Students 16 years old may sign themselves out from camp with written consent from parent. Must be on file and arranged with the camp director.

I give consent for (child name) \_\_\_\_\_ to participate in the above activities, and I execute the above liability release on their behalf.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Consent for Treatment/Medical

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that Carrollwood Cultural Center will provide no medical insurance for such treatment and that the cost thereof will be at my expense. I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions. The Carrollwood Cultural Center is not responsible for costs incurred for medical care.

Physician's Name \_\_\_\_\_ Hospital Affiliation \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_ Policy and/or Group # \_\_\_\_\_

Does camper need to take medication(s) during camp? Please Check One: ☐ No ☐ Yes

## **Allergies:**

Medication, please specify: \_\_\_\_\_

*Medications must be accompanied with clearly written directions and labeled with camper name.*

I authorize that prescribed medication be administered to my camper as needed by a representative(s) of the Carrollwood Cultural Center.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# 2024 Carrollwood Cultural Center

## Summer Teen Intensive Participation Agreement

Students, please review this form prior to attending the intensive and sign. This form must be signed by the student before attending.

By signing this agreement I, *(please print name here)* \_\_\_\_\_, hereby agree to abide by the rules set in place by the Carrollwood Cultural Center.

I will participate to the best of my abilities. I understand that dedication, focus, and participation are the expectation.

I understand I am part of the ensemble. As part of the ensemble I will show up and give 100%. I will respect myself, my peers, the staff and the instructors at all times.

- **Cell Phones are prohibited.** A parent may arrange for their student to have a cell phone during the intensive with the Education Director prior to the beginning of a session.
- **Dress:** Dress appropriately to move. Activities will include high intensity movement including running and dancing. Closed toed shoes only. Please wear appropriate clothing.
- **Language:** Foul or inappropriate language will not be tolerated.
- **Belongings:** The Carrollwood Cultural Center is not responsible for lost or stolen items. Please leave all valuables at home.

**I understand that this contract is in place for my safety and the safety of others. If I do not abide by the rules I WILL be dismissed from the intensive for the day and continuous disrespectful behavior will result in dismissal from the intensive for the remainder of the summer.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

# 2024 Summer Teen Intensive Carrollwood Cultural Center Policies

**Please read and sign below for all forms to be completed.**

**Registration Terms & Conditions:** I have read and I understand the policies regarding transfers, refunds, and cancellations. I agree to them as stated in the 2024 Camp Brochure and on [carrollwoodcenter.org](http://carrollwoodcenter.org) website

**Behavior /Conduct:** I understand that if my child's behavior is disruptive, aggressive, or harmful towards other campers after 3 corrective warnings by faculty or staff, he/she will be dismissed from camp for the day, if the behaviors continue, my child may be dismissed from camp without a refund.

**Photographs/Video:** I understand that photographs and video of my child will be taken during the Friday performance. Pictures may be used by the Carrollwood Cultural Center in program brochures, annual report, website, and other promotional materials and for release to local newspapers.

**Disclosure:** If my child has any special needs (language, learning disability, speech, hearing, food allergies, etc) I agree to contact the Education Director (813-922-8167 ext 205) prior to the first day of participation.

**Lost or Stolen Items:** Campers should leave valuables, electronics (mp3 players, digital cameras, cell phones, toys, Pokemon Cards, etc.) at home. The Carrollwood Cultural Center and its employees are not responsible for lost or stolen items.

**Cell Phones: Phones are prohibited during class times.** Cell phones are discouraged from camp to keep students engaged in the programming. We understand campers may need the phone to contact their ride. They can arrange for the camp director to call their parent. We encourage campers to leave cell phones and other electronic devices at home. By bringing a cell phone to camp, the camper assumes all responsibility should the phone be damaged or lost.

**Backpack Search:** For the safety of all campers, I agree that camp participant's belongings may be searched outside the participant's presence for medications, weapons or other restricted items and held in the office until turned over to a legal guardian.

**Sunscreen:** I give permission for sunscreen to be administered and/or applied to my camper as deemed necessary by the camp staff.

By signing below you acknowledge and agree to the above camp policies, terms and conditions and give permission for your child to attend and participate in all camp activities.

Camper/Student Name \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_

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



CARROLLWOOD CULTURAL CENTER

**Confirm camp/intensive registration by returning forms to:**

Katie Castonguay, Education Director

Carrollwood Cultural Center

Scan and send via email: [Katie@carrollwoodcenter.org](mailto:Katie@carrollwoodcenter.org)

Mail To: 4537 Lowell Road, Tampa, FL 33618

Drop off at Carrollwood Cultural Center, Front Office