



Titan Summer Academy

A Titan Youth Development Corp. Program

2009 DAY CAMP APPLICATION

Scholar's Name _____ Age: _____ Date of Birth: ____/____/____

Grade Sept 2009 ____ Sex _____ Parent/Guardian Name: _____

Home Address: _____
street city state zip code

Home Phone: _____ Cell/Day Phone: _____

E-Mail Address _____

**Please check program session/s that your child will attend:

Session I (7/6—7/24)

Session II (7/27—8/14)

Authorized Persons/Emergency Contacts

I do hereby give authority to the TITAN SUMMER ACADEY staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Standard Conditions of Enrollment

There is a no refund policy or cancellations after June 15th unless under extreme circumstances and will be determined by the executive director. All payments are due prior to the start of each session. Daily absences cannot be refunded or made up. The camp assumes no responsibility for lost or stolen items.

The camp reserves the right to terminate this contract at any time, if the camp deems it to be in the best interest of the camp to do so. The camper, parents and relatives agree to abide by the rules and regulations set by the camp for the health, safety and welfare of the camp. Every child must have a completed medical form in order to register. No one will be permitted to start camp without form.

I give permission to allow my child to attend all scheduled trips and out of camp activities under supervision of the camp staff. I allow for my child to be given professional medical treatment in case I or the emergency contact person cannot be reached. In consideration of the good will, public service, and community aid provided by the Titan Youth Development Corp, which I support and from which I have received benefit I hereby grant permission to the Titan Youth Development Corp to use my name, to take and publish photographs, videotapes, or motion pictures of me (and my child) or which included my voice (and my child), in any media for any legitimate purpose. I release all right to such photographs, videotapes or motion pictures and recordings. I acknowledge that you will be the sole owner of rights arising out of their use for all purposes. Any checks returned for insufficient funds will incur an additional \$35.00 charge.

Upon default hereunder, the camp shall be paid the amount of enrollment due for its liquidated damages plus any expenses and attorney fee it may incur. Poly Prep Day Camp is licensed by the NYC Department of Health and Mental Hygiene and is inspected twice yearly. The inspection reports are filed at the Bureau of Food Safety and Community Sanitation.

I agree to all above listed conditions.

Parent Signature: _____

Print Name: