Child Name: ___________________________________________ Parent Name: ___________________________________________

ACKNOWLEDGEMENT AGREEMENT: Please read and initial each line if you are in agreement. If you have questions regarding any item, feel free to contact the Program Coordinator, Jimmy Farley.

_______ I acknowledge that my child is at least five years of age, having completed kindergarten.

_______ At the beginning of the day, Parents/Guardians must sign their child(ren) “in” to camp. A child may leave during camp hours on his or her own volition. If a child requests to leave, the child will be asked to sign out, and the child’s parent or guardian will be contacted. At the end of the day, Parents/Guardians must sign their child(ren) “out” of camp. Please ensure that you can be reached at all times at the number you provide to us; otherwise we will endeavor to leave a message. Please note: In accordance with the policies/guidelines pertaining to the use of the MU, when in the MU, children under 12 must be accompanied by an adult who will assume responsibility for their conduct and welfare.

_______ I understand that I need to provide a lunch for my child every day.

_______ I will pay for each session of camp no later than 9am on the Monday of that session and I understand that a late fee will be charged for payment after that time.

_______ It is my responsibility to ensure that my child arrives at camp with the appropriate attire for swimming and sporting activities, including sunscreen, towel, socks and tennis shoes.

_______ I understand that camp will not be held on Memorial Day (Monday, May 31st) or Independence Day (Monday, July 4th).

_______ I understand that the camp’s hours are 7:30am to 5:30pm, and that it is my responsibility to have my child picked up by closing time. I will be charged $2 for every minute after 5:30pm that my child remains at camp.

_______ I acknowledge that I will not be provided a refund if my child is absent from camp for vacations, special events, short-term illnesses of four days or fewer or other personal reasons.

_______ I understand that I will be notified should my child become ill during the day and that it will be necessary to make arrangements to have my child picked up as soon as possible. If my child is exposed to a contagious disease, I agree to notify the Camp Office and I understand that my child might be restricted from camp attendance until a physician grants permission.

_______ Sun Devil Kids’ Camp and the Sun Devil Fitness Complex has my authorization to use photographs, reproductions and any sound recording of my child. Such uses may include advertising and publicity purposes.

_______ I understand the Sun Devil Fitness Complex is not responsible for lost and stolen items brought to the building but, if notified, the staff will attempt to help locate missing items.

_______ Any toys or electronic items (ipods, cell phones, handheld games, etc…) are not allowed at camp and if my child is found in possession of said items, I understand that they will only be returned to the caretaker picking up my child from camp that day.

For clarification or further questions regarding the above items or any aspect of camp, please contact Jimmy at 602-543-1200 or jimmy.farley@asu.edu

Parent/Guardian Signature: ___________________________________________ Date: ______________________