

Camp Nova

NSU University School

Summer 2020 Registration Checklist

	Forms	Reminder
<input type="checkbox"/>	Camp Registration 2020	Complete registration form
<input type="checkbox"/>	Payment Form	Checks should be made payable to Camp Nova. We also accept Cash, Visa, Master Card, and American Express. No Refunds.
<input type="checkbox"/>	Authorization for Medication /Treatment	Must be signed by both parents and physician. For ALL campers.
<input type="checkbox"/>	<u>Non University School Students: Extra Medical Forms</u>	Non University School Students must submit the following two forms: DH/HRS 3040 form and a DH/HRS 680 form (shots/physical records) which can be requested from your child's physician.
<input type="checkbox"/>	Visit Camp Nova: Parent FAQs	http://uschool.nova.edu/summer/index.html
<input type="checkbox"/>	Camp Nova Orientation	Date: TBA

3375 SW 75 Avenue • University Lower School Building • Fort Lauderdale, Florida 33314-1400
 (954) 262-4528 • (954) 262-4521 • Fax: (954) 262-3224 • <http://uschool.nova.edu/summer/campnova.html>

Nova Southeastern University admits students of any race, color, and national or ethnic origin. University School of Nova Southeastern University is accredited by the Southern Association of Colleges and Schools by the Florida Council of Independent Schools, by the Florida Kindergarten Council, and by the Association of Independent Schools of Florida. University School is a member of the National Association of Independent Schools.

Camp Nova 9/27/2020

Camper 1: Name: _____ M ___ F ___
D.O.B: _____ Grade Entering in the fall: _____
School: _____

Camper 2: Name: _____ M ___ F ___
D.O.B: _____ Grade Entering in the fall: _____
School: _____

PARENT/GUARDIAN CONTACT INFORMATION

Mother/Father/Guardian/Co-Parent
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ Work #: _____
Cell #: _____
Email Address: _____

Mother/Father/Guardian/Co-Parent
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ Work #: _____
Cell #: _____
Email Address: _____

AUTHORIZATION TO RELEASE:

Other than parent(s), please list additional people who are authorized to pick up the camper.

Name: _____ Relationship: _____ Phone 1: _____ Phone 2: _____
Name: _____ Relationship: _____ Phone 1: _____ Phone 2: _____
Name: _____ Relationship: _____ Phone 1: _____ Phone 2: _____

EMERGENCY CONTACTS

Name: _____ Relationship: _____ Phone 1: _____ Phone 2: _____
Name: _____ Relationship: _____ Phone 1: _____ Phone 2: _____

RELEASE OF LIABILITY: As a parent or legal guardian of the above camper(s), I/we agree for the noted camper(s) to attend Camp Nova: Summer Camp and all off-campus activities. I/we give permission for camper(s) to engage in all prescribed activities as noted. I/we authorize and give consent to any licensed health professional to perform upon or administer to camper(s) any reasonable, necessary medical treatment. **Initial:** _____

I/we authorize the use of my camper(s) photograph(s) in camp publications, web sites, and or/or advertisements. I/we hereby release Nova Southeastern University, Inc., its trustees, officers, agents, and employees, the NSU University School, its officers, employees, agents and instructors from any and all liability for any injury, damage, claim, demand, action, loss, liability, cost and expense (including, without limitation, reasonable attorney's fees) of any nature that I/we may at any time have or incur, while taking part in a NSU University School/Camp Nova program.

NON-REFUND POLICY: A NON-REFUNDABLE DEPOSIT OF \$100 PER CHILD/PER SESSION IS REQUIRED FOR YOUR CAMPER TO BE REGISTERED. THIS WILL BE DEDUCTED FROM THE TUITION FOR EACH SESSION.

Initial: _____

I understand the deposit enclosed will be applied toward one session of each camper's basic fee. I agree to pay the balance on or before **June 7, 2020**. I am aware this deposit is non-refundable and will be forfeited if my child does not attend Camp Nova. There is no-refund for late arrival or early departure for a camper dismissed for disciplinary action or for emergency weather situations. If payment procedures are not followed, the person responsible for payment will be sent to collections.

Refunds are not issued if a child is dismissed due to disciplinary action based on his/her behavior or misconduct. Only in the case of an extreme medical emergency will this policy be reviewed by NSU University School. Refunds will also not be issued in the event that the National Hurricane Center broadcasts a "hurricane/tropical storm warning" for our area. In such a case, Camp Nova will cancel its program for the duration of the inclement weather. We reserve the right to cancel programs if there is insufficient enrollment.

RELEASE: THIS STATEMENT MUST BE SIGNED FOR ATTENDANCE. The person herein described has permission to engage in all prescribed activities as noted. **Initial:** _____

MEDICAL INFORMATION

Your camper's health and safety is very important to all of us at Camp Nova. Please be assured that we will share any and all medical/allergy information with your campers' counselors, including all camp vendors who interact with your children.

Please let us know if there are any additional concerns that the Camp Nova staff should be aware of.

Minnow Camp: Grades K-1

Shark Camp: Grades 2-8

Camper 1: Name _____ Date of Birth _____ Age _____ Female ___ Male ___ Grade in fall _____

<u>Minnow/Shark Camp</u> <input type="checkbox"/> 7/6/20-7/17/20 <input type="checkbox"/> 7/20/20-7/31/20 <input type="checkbox"/> 8/3/20-8/7/20	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="text-align: left; padding: 2px;">Camp:</th> <th style="text-align: center; padding: 2px;">2 Weeks</th> <th style="text-align: center; padding: 2px;">4 Weeks</th> <th style="text-align: center; padding: 2px;">5 Weeks</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Tuition</td> <td style="text-align: center; padding: 2px;">\$625.00</td> <td style="text-align: center; padding: 2px;">\$1,225.00</td> <td style="text-align: center; padding: 2px;">\$1,537.50</td> </tr> </tbody> </table>	Camp:	2 Weeks	4 Weeks	5 Weeks	Tuition	\$625.00	\$1,225.00	\$1,537.50
Camp:	2 Weeks	4 Weeks	5 Weeks						
Tuition	\$625.00	\$1,225.00	\$1,537.50						

Camper 2: Name _____ Date of Birth _____ Age _____ Female ___ Male ___ Grade in fall _____

<u>Minnow/Shark Camp</u> <input type="checkbox"/> 7/6/20-7/17/20 <input type="checkbox"/> 7/20/20-7/31/20 <input type="checkbox"/> 8/3/20-8/7/20	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="text-align: left; padding: 2px;">Camp:</th> <th style="text-align: center; padding: 2px;">2 Weeks</th> <th style="text-align: center; padding: 2px;">4 Weeks</th> <th style="text-align: center; padding: 2px;">5 Weeks</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Tuition</td> <td style="text-align: center; padding: 2px;">\$625.00</td> <td style="text-align: center; padding: 2px;">\$1,225.00</td> <td style="text-align: center; padding: 2px;">\$1,537.50</td> </tr> </tbody> </table>	Camp:	2 Weeks	4 Weeks	5 Weeks	Tuition	\$625.00	\$1,225.00	\$1,537.50
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Specialty Camps

Camper 1: Name _____			
Date of Birth _____ Age _____ Female ___ Male ___ Grade in fall _____			
Golf Camp (2 nd -8 th Grade Only)	Baseball Camp (2 nd -8 th Grade Only)	Tennis Camp-1/2 Day ONLY (2 nd -8 th Grade Only)	Volleyball Camp (2 nd -8 th Grade Only)
<input type="checkbox"/> 6/15/20-6/19/20	<input type="checkbox"/> 7/6/20-7/17/20	<input type="checkbox"/> 7/6/20-7/10/20	<input type="checkbox"/> 7/27/20-7/31/20
		<input type="checkbox"/> 7/13/20-7/17/20	
Rock and Roll Club (K-2 nd Grade) ½ Day Only	Soccer Camp (2 nd -8 th Grade Only)	Mini Med School (K-2 nd Grade) ½ Day Only	Speech and Debate (Ages 8-12)
<input type="checkbox"/> 7/6/20-7/17/20	<input type="checkbox"/> 7/6/20-7/17/20	<input type="checkbox"/> 7/20/20-7/31/20	<input type="checkbox"/> 7/6/20-7/17/20

Specialty Camps

Camper 2: Name _____			
Date of Birth _____ Age _____ Female ___ Male ___ Grade in fall _____			
Golf Camp (2 nd -8 th Grade Only)	Baseball Camp (2 nd -8 th Grade Only)	Tennis Camp-1/2 Day ONLY (2 nd -8 th Grade Only)	Volleyball Camp (2 nd -8 th Grade Only)
<input type="checkbox"/> 6/15/20-6/19/20	<input type="checkbox"/> 7/6/20-7/17/20	<input type="checkbox"/> 7/6/20-7/10/20	<input type="checkbox"/> 7/27/20-7/31/20
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FEES

Shark/Minnow Camp	2 weeks	4 Weeks	5 Weeks
Tuition	\$625.00	\$1,225.00	\$1,537.50

Speech & Debate Camp	2 Weeks
Tuition	\$625.00

Soccer Camp	2 Weeks
Tuition	\$625.00

Baseball Camp	2 Weeks
Tuition	\$625.00

Golf Camp	2 Weeks
Tuition	\$750.00

Tennis Camp	Week 1 – ½ Day ONLY	Week 2 – ½ Day ONLY
Tuition	\$175.00	\$175.00

Volleyball Camp	1 Week
Tuition	\$300.00

Pay it Forward Workshop	2 Weeks
Tuition	\$500.00

Mini Med School	2 Weeks
Tuition	\$500.00

Rock & Roll Club	2 Weeks
Tuition	\$500.00

Payment Information

Child's Name: _____ Date: _____

Cash: \$ _____

Check – Payable to NSU University School (There is a \$25 fee for returned checks.)

Check #: _____ Amount: \$ _____

Credit Card

_____ MasterCard

_____ Visa

_____ American Express

Cardholder Information:

Cardholder's Name: _____ Signature: _____

Credit Card #: _____ Expiration Date: ____/____/____

Amount: \$ _____

Authorization for Medication/Treatment

Student's Name: _____ Grade: _____ Date of Birth: _____

OTC (Over-the-counter) STANDING ORDERS

MEDICATION	DOSAGE & ROUTE	FREQUENCY	INDICATION FOR USE
Acetaminophen	PER BOTTLE INSTRUCTIONS		
Ibuprofen	PER BOTTLE INSTRUCTIONS		
Benadryl	PER BOTTLE INSTRUCTIONS		
Tums	PER BOTTLE INSTRUCTIONS		
Caladryl Lotion	PER BOTTLE INSTRUCTIONS		
Neosporin/Polysporin	PER BOTTLE INSTRUCTIONS		
Chloraseptic Throat Spray	PER BOTTLE INSTRUCTIONS		
Cough Drops	PER PACKAGE INSTRUCTIONS		

OTHER MEDICATIONS

MEDICATION	DOSAGE & ROUTE	FREQUENCY	INDICATION FOR USE

TREATMENTS DURING CAMP HOURS (i.e.; nebulizer, blood glucose checks, etc.)

Physician's Name (Please print) **Physician's Signature** **Date**

Physician's Telephone #: _____ Fax #: _____

I grant the nurse, principal or his /her designee the permission to assist or perform the administration of each medication or treatment/procedure to or for my child during the school day including when he/she is away from school property for official school events.

NOTE:

- Medication will only be administered if a completed Authorization for Treatment form has been submitted.
- Prescription or other than common OTC medications supplied by the school supply must be in the original container.
- Only medications/treatments authorized by a physician may be administered by school personnel.
- It is your responsibility to notify the school when there is a change in medication/treatment regimen.

RELEASE: THIS STATEMENT MUST BE SIGNED FOR ATTENDANCE. The person herein described has permission to engage in all prescribed activities as noted. **Initial:** _____

MEDICAL INFORMATION

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 Parent/Guardian Name (Please print) Signature of Parent/Guardian Date

 Home Phone Number Work Phone Number (Include Ext. if any) Cell Number