



Fitness & Leadership Enrichment Camp

REQUIRED DOCUMENT CHECKLIST FOR ENROLLMENT

_____ PROBE Registration Form (COMPLETE ONLINE)

_____ Child Medical Statement

_____ ODJFS Application for Child Care Benefits form completed (Title XX Only)
*Must be participating for an APPROVABLE activity (work for an employer, self, school
Or Ohio Works First Self-Sufficiency Plan.*

_____ FCDFS Form #1401, Child Care Center Change Request Completed (Title XX Only)

_____ Proof of Activity (*last month proof of income, school schedule, OWF case #*) (Title XX Only)

_____ Initial Registration Fee

_____ Parent/Guardian Review Signature _____

_____ Staff Member Review Signature _____

ALL ITEMS MUST BE CHECKED OFF PRIOR TO ACCEPTANCE INTERVIEW.

Important Information

PROBE is committed to conducting its programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their children in programs and activities must recognize, however, that there is an inherent risk of injury when choosing to participate in the PROBE Fitness & Leadership Enrichment Camp to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize that PROBE does not carry medical accident insurance for injuries sustained in its programs and activities. The cost of such medical expense would make program fees prohibitive. Therefore, each person registering themselves or a family member for a program or activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make PROBE automatically responsible for the payment of medical expenses. Your cooperation is greatly appreciated.

Camp Program Acceptance

The PROBE Fitness and Leadership Enrichment Camp is a program that requires the acceptance and approval of its Executive Director for youth to attend, therefore, an interview of potential camper and parent must be conducted prior to acceptance into the program.

PROBE does reserve the right to reject or refuse any potential camper based on values that could serve detrimental to the overall standards and goals of this program. Immediate removal of participants displaying such factors can also occur and shall be agreed not to bring any legal action by any outside entity as may be reported by a parent, guardian or any direct individual representing the camper and no refund of any previously paid fees will be granted.

Parent/Guardian Initial _____

Release of Liability & Permission to Secure Treatment

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

I agree to waive and relinquish all claims I or my minor child/ward may have against PROBE and its officers, agents, volunteers, employees and any companies associated as a result of participation in the program.

I do hereby fully release and discharge PROBE and its officers, agents, volunteers and employees from any and all claims from injury, damage or loss with the activities of the program(s).

I further agree to indemnify and hold harmless and defend PROBE and its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program(s). In the event of any emergency, I authorize PROBE to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Parent/Guardian Initial _____

Camp Fee, Refund and Cancellation Policy

Cost of the camp is \$75 per week for the first child and an additional \$25 per week for each additional sibling; however, a one-time discounted rate of \$400 per child can be paid up to one prior to camp start. Total registration fee is \$10 (non-refundable) for each child along with first week fees and must be paid at the time of sign up.

Parent/Guardian Initial _____

If a parent/guardian will be late picking up a student, program must be notified. A late fee of \$1 per minute per child is assessed (after the first five minutes) for late pick-ups. The charge will be payable upon pick-up of the student. Continual tardiness may result in the child's dismissal from the program.

Parent/Guardian Initial _____

All cancellations must be received at least **24 business hours** after registration or beginning of any COCIF/PROBE event or program whichever is later. Registration refunds are subject to a \$25 cancellation fee or 35% of total event or program fee, whichever is greater. Cancellations must be received in writing by email via the COCIF website to include the complete address of requestor. In the event of camp cancellation due to situations beyond the control of COCIF/PROBE there will be no refunds.

Parent/Guardian Initial _____

No refunds will be made for requests received by any other form and incomplete requests will be considered at non-existent.

Parent/Guardian Initial _____

Please note: **No requests beyond 24 business hours after the beginning of camp will be accepted.**

Parent/Guardian Initial _____

Refunds will be issued by check and mailed to the appropriate address of requestor. Please allow seven to ten business days for processing. If the registration fee is \$25 or less there will be no refund.

Parent/Guardian Initial _____

All NEW public funding application requests must be completed by not later than six weeks before camp start or parent/guardian will be responsible for camp fees until acceptance of FCJFS.

Parent/Guardian Initial _____

Camp Site Venue Change

PROBE announces camp sites in collaboration with Columbus City School approval from individual administrators and/or other participating vendors. These sites are subject to change at any given time and without prior notice. It will be the parent/guardian discretion to continue with programming in the event this occurs, however, refund/ policies remain in effect as written.

Parent/Guardian Initial _____

Photo and Video Release

I give permission for my child's picture and video's to be used in advertisements for COCIF.

Parent/Guardian Initial _____

I have read and fully understand the Important Information, Camp Program Acceptance, Release of Liability and Permission to Secure Treatment, Photography Release, along with Fee, Refund and Cancelation Policy.

SIGNATURE OF OR PARENT / GUARDIAN

DATE

PRINTED NAME

SIGNATURE OF WITNESS

DATE

PRINTED NAME

PROBE

Fitness & Leadership Enrichment Camp

Child Medical Statement

Childs' Name _____ Date of Birth _____

Height _____ Weight _____

Limitations or health condition (including allergies, medications, dietary restrictions)

Immunizations	Please circle one	
Complete for age	Yes	No
In Process	Yes	No

Exempt from Immunizations	Please circle one	
Religious conviction	Yes	No
Health concern	Yes	No
Other:		

This child has been examined and is in suitable condition to participate in group care

Signature of examining Physician/ Physicians Assistant or Advanced Practice Nurse (circle one)	Date of exam
Address :	
Phone:	

Required for children enrolled in an Early Childhood Education Grant Program or Preschool Special Education Program			Reason not completed (Check which applies)		
Assessments/Screenings	Completed Please circle one		Date Completed	Health professional decision	Examples: religious conviction, insurance coverage, other
Vision	Yes	No			
Hearing	Yes	No			
Dental	Yes	No			
Lead	Yes	No			
Hemoglobin	Yes	No			