

Emergency Contact, Medical History & Enrollment Agreement

(To be completed only by the child's parent or legal guardian)

Child's Last Name _____ First Name _____ Nickname _____
[] Boy [] Girl Date of birth __/__/__ Age _____ My child is an advanced swimmer []yes [] no

Parent/Guardian Name(s) _____
Home Address _____ City _____ State _____ Zip _____
Father Home Telephone _____ Father Cell _____ Email _____
Mother Home Telephone _____ Mother Cell _____ Email _____

Emergency Contacts (Other than the above.) These individuals can also pick up my child with photo ID.

#1 Name _____ Home Phone _____ Cell _____ Relationship _____
#2 Name _____ Home Phone _____ Cell _____ Relationship _____

Child's Doctor of Clinic _____ Telephone _____

Is the child covered by medical insurance? [] yes [] No **Important:** Please provide a copy of your insurance card.
Any comments concerning emergency contacts _____

Does your child have any of the following?

[] Allergies and Allergic Conditions _____

[] Medication Allergies _____

[] Please list any food or beverage restrictions or allergies _____

The above information is correct and complete to the best of my knowledge. I/We have read and understand the terms, policies and requirements of attending Teen Travel Camp and understand that by signing this agreement confirms compliance. I/We give complete authorization for a representative of Teen Travel Camp to request and receive any medical treatment in the event of need. I/We accept full responsibility for the payment of all medical services provided. I/We release and hold blameless the employees, volunteers, and board of directors of Teen Travel Camp from any and all claims of liability past, prior and/or future. I/We accept the financial responsibility for any and all damages to facilities or personal property of which our child is found to be responsible. I/We acknowledge that Teen Travel Camp owns and has discretion over the use of all photographs and recordings created while at camp. I/We understand that camp fees are non refundable. I/We understand the conduct requirements by Teen Travel Camp.

RESPONSIBILITY

Liability: Daytona Beach Enterprises, Inc., d/b/a Florida Festival Tours, 2295 South Hiawasse Road, Suite 301, Orlando, FL 32835, its officers and employees, act only in the capacity as agents for the members participating in the summer camp in all matters pertaining to sightseeing, touring and transportation and as such shall not be held liable for any injury, damage, loss, accident, delay, or irregularity which may be occasioned by the negligence or conduct of any carrier, restaurant, amusement/theme park, company or person providing services for the camp members participating in the tour. Florida Festival Tours shall have no liability as to any loss, injury, damage or delay due to sickness, pilferage, labor dispute, machinery breakdown, quarantine, government restraints, weather, acts of God, or other causes beyond its control as may arise during the tour. Florida Festival Tours has the right, without notice to make changes or cancellations, in part or whole as circumstances dictate, and specifically to cancel any camp week due to low enrollment. If a camp week is cancelled due to low enrollment, any payments for such week will be 100% refundable.

I hereby certify that I have read and understand the foregoing statements and understand all terms and conditions herein.

My signature indicates my acceptance of these policies, terms and conditions.

Parent Signature X _____ Date _____

Print Name _____ Relationship to child _____

This form **must** be notarized.

Subscribed and sworn before me this ____ day of _____ 2009 by _____
who is known to me, or who has produced _____ as identification.

(SEAL)

NOTARY PUBLIC

SIGNED: _____