

Registration Form

Student Information

Last Name: _____ First Name _____

Gender: Female or Male Birthday: _____ (mm/dd) Age: _____

Elementary School: _____ Phone Number () _____ - _____

Address: _____ City _____ State _____ Zip _____

Parent/Guardian Information

Parent /Guardian's Name: _____

Address: _____ City _____ State _____ Zip _____

Daytime Number () _____ Cell Number () _____ Email Address _____

How did you learn about us: _____

Parent/Guardian Consent (Photo and Waiver Release)

I authorize Victorious Attitudes for Every Life, Inc. (VAEL) to use my name/child's name (or any fictional name), pictures, portrait or photograph in all forms and media and in all manners for advertising and advocacy efforts of VAEL. I waive any rights to inspect or approve the finished product, including but not limited to, written copy and/or an image in print or on VAEL's website.

I further release, waive, discharge and covenant not to sue Victorious Attitudes for Everyday Life Inc., its employees, Board of Directors or agents from or against any and all liability from any harm, injury, damage, claims, demands, actions cause of actions, cost including reasonable attorney fees and expenses of any nature which I may have or which may hereafter accrue to my student arising out of or related to any loss, damage or injury, that I may sustain related to The Big Leap program.

Parent/Guardian Signature: _____ Date: _____

Fees:
A **deposit of \$75.00** is to be paid upon registering. Payment may be made via check, money order, cash or credit card (using Paypal, visit www.victoriousattitudes.org). The deposit is non-refundable. The remainder program fee of \$225 can be paid in 3 payments of \$75 (Installment Payments are due 11/17/17; 2/2/18 and 4/6/18). There will be a \$25.00 charge on all returned checks.

Make Checks Payable to:
Victorious Attitudes for Everyday Life Inc.
9954 Liberty Road
Randallstown, MD 21133



Emergency/ Health Form

Student Information

Last Name: _____ First Name _____

Person(s) authorized to pick up the student

Name: _____ Relationship to Student _____

Daytime Number () _____ - _____ Cell Number () _____ - _____

Emergency Contacts

Persons must have a valid driver's license or picture ID; that will be duplicated for records in order to pick up student. When parents cannot be reached please list two persons who may be contacted in case of an emergency.

1. Name: _____ Relationship _____ Phone: _____

2. Name: _____ Relationship _____ Phone: _____

Student's Health Information

Health Information: Provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive: _____

Bring an Epi-Pen/ Inhaler? Yes or No

Program staff cannot administer any medication, prescription or non-prescription (over the counter) to students. If a student needs to take medication during camp, you need to have the [Medication Administration Authorization](#) form completed by your child's physician. A separate form must be completed for each medication, prescription or over the counter drugs.

Please note: VAEL is not a nut-free environment.

Physician's Name _____ Contact Number () _____

VAEL will always exercise due diligence in supervision of all students, due to insurance regulations, we will not be held liable for injuries or accidents due to the negligence of student and or guardians.

Parent/Guardian Signature: _____ Date: _____



Attendance and Dismissal Policy

1. The program will begin at 4:00 p.m. after the school bell rings. Students participating in the program are required to participate in the program activities, and remain in the assigned location at all times. Each student must recognize that he/she is under the authority of the instructors and program director. No one is to leave the school without permission and authorized adult.
2. For early dismissal, parents must contact the program director and pick up student at designated location.
3. Students not submitting complete information on this form will not be allowed to attend the Big Leap Program.
4. Do not bring chewing gum, iPods, MP3 player, laptops, CD's/DVD's electronic devices or expensive cameras. Cell phones must not be used in the training room (unless used within a monitored activity); they must be turned off or set on vibrate.
5. Students must be picked up by 6:00 p.m. There will be a \$10 late fee for every 15 minutes of lateness.

Failure to abide by the rules and guidelines of the Big Leap Program may result in the following actions.

Conference with student ● Conference with parent/guardian ● Dismissal (without refund) from the program

General Waiver and Certifications

I approve of my child's enrollment in the Big Leap program and I will take full responsibility for ensuring that he/she complies with appropriate student behavior guidelines. Parent/Guardian will be contacted by our staff following disruptive and inappropriate behavior, which may result in dismissal from the program without refund.

I certify the information on this forms to be true and correct to the best of my knowledge. I understand that it is my responsibility to notify the Program Director of any changes in the information contained in this application. I certify that my student and I will follow all rules and guidelines listed in this form.

Parent/Guardian Signature: _____ Date: _____

Your signature above is an acceptance of guidelines, policies, agreement, program payment and procedures of VAEL, Inc.

