



2019 Summer Camp

Beaufort Heritage Explorers

June 24-28 or July 29-Aug 2
3rd-5th or 6th-8th graders

CIRCLE YOUR WEEK: June 24-28 OR July 29-Aug 2

Student Name: _____ Grade: _____

Primary Contact: _____ Relation: _____

Address: _____

Email: _____ Phone: _____

Name and Phone of those allowed to pick up child:

_____	_____
_____	_____
_____	_____

Special Notes:

Please initial each. Do you agree:

My child will be dropped off no earlier than 9am and picked up no later than 1pm each day? _____

I will provide lunch for my child Mon-Thurs. _____

My child may eat pizza on Friday or will bring their lunch. _____

My child may ride the shuttle and/or walk around downtown with supervision. _____

My child will participate and behave appropriately during the summer camp. _____

I have signed and included the waiver and submitted full payment. _____

Parent/Guardian Signature: _____ Date: _____

Authorization for Substituted Consent and Emergency Contact Information for

“Beaufort Heritage Explorer” Summer Camp Program, 2019

In the case of an emergency while a student is attending summer camp, 9-1-1 will be called and EMS has the right to administer medical attention as needed. Parents/guardians will also be notified immediately.

I, the parent/guardian, hereby grant permission to the Director of Santa Elena History Center or anyone designated by the Director, to authorize emergency medical or surgical treatment, including, but not limited to, blood or blood product transfusions, diagnostic procedures, and the administration of anesthesia, for Student where medically appropriate in case of injury, accident, or illness; subject, however to the following limitations (if none, so state):

Limitations:

This authorization is given for the benefit of Summer Camp Participant. I understand the medical appropriateness of such treatment shall be conclusive evidence of the reasonableness of the consent given, I agree to hold the Director, anyone designated by the Director, BPA and any employees, officers, and directors of BPA harmless from liability arising from any and all medical treatment or complications arising there from, rendered as a result of consent given pursuant to this authorization.

I further authorize (1) the release by Santa Elena Foundation or by the persons listed prior to the health care provider of such medical and personal information as Santa Elena Foundation or the persons listed may have regarding Student, and (2) the use of such information by the health care provider in the subsequent medical treatment of student.

Refund Policy: If the Student is not able to participate in the summer camp, cancellation notice must be sent to the Santa Elena Foundation by noon of the Monday preceding the beginning of the camp in order to receive a refund. No refunds will be given for partially missing camp activities.

Tuition Policy: Tuition must be paid in advance to the Santa Elena Foundation, in full. All checks returned for insufficient funds will be assessed a \$35 charge.

Inclement Weather: In the event of class cancellations due to hazardous weather conditions, an announcement will be placed on the Santa Elena website. Please check before leaving the house if the weather is questionable. No credit will be given for closings due to inclement weather as these events are beyond our control.

Transportation: I hereby grant permission for Student to travel aboard the Cultural District shuttle to and from the Verdier House on Day 4 and the Downtown Park on Day 5, holding all associated with the shuttle operations harmless in any liability of utilizing that transportation.

I have read and agree to all policies and terms as outlined

Parent/
Guardian Signature: _____

Date : _____