

2022 XL LAKE NONA SUMMER CAMP

ENROLLMENT FORMS



LAKE NONA

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WWW.XLNONA.COM

2022 SUMMER CAMP REGISTRATION CHECKLIST

Parents, please use this checklist to ensure that all camp paperwork is completed. Please be sure to keep a copy of all paperwork for your records.

- _____ \$35 Summer Camp registration fee
- _____ Payment enclosed or _____ Registered and paid through Dash
- _____ Enrollment contract form (2 pages)

In order to utilize the payment plan, a credit card **MUST** be provided on the registration form, or, saved in your Dash profile. Otherwise, a full payment will be required.

- _____ Health and Wellness Record Forms (2 pages)
- _____ A recent small photo of your child. (You can attach to this form or email hope@xlsportsworld.com) Please include the name of the child on the picture or in the email.
- _____ Immunization Records (If submitted prior to 2021 OR if you a new camper)
- _____ Authorization for Child Release
- _____ Behavior Management Policy
- _____ Payment Plan Agreement (If opting for the payment plan)

ENROLLMENT CONTRACT XL LAKE NONA

Child's Name: _____ Grade as of January 2022: _____

Email: _____ Phone: _____

Credit Card: _____ Expiration: _____ CVV: _____

Is this credit card # different from siblings? Y/N

Enrolling in the XL Summer Camp requires you to select all the days you wish to attend. If any days are sold out, you will be notified. To reserve your days/weeks you must either pay in full, or, select the payment plan AND add a credit card on file. A credit card must be provided and paid in full for any field trips, enrichment programs or Nona Adventure park attendance. We are unable to hold your dates without a CC or payment in full.

CAMP ENROLLMENT POLICIES

- Due to ongoing COVID-19 precautions and general safety of our campers and staff, there are NO WALK INS (ON THE DAY REGISTRATIONS) PERMITTED
- THE DEADLINE TO REGISTER FOR ANY DAYS/WEEKS IS 24 HOURS PRIOR.
- Daily rate for campers: \$95/day (Full), \$75/day (Half)
- For those that register for 2 weeks or more, a payment plan is available. Parents will register for the required weeks and pay a deposit upfront and spread the remaining payments over 4 bi-weekly payments. Reminder - A Credit card MUST be on file, and parents MUST complete and sign the payment plan agreement.
- You are responsible to pay for all days selected in the enrollment. There are no refunds, cancellations, or substitutions permitted. In rare circumstances, the Camp direct will permit changing of days, but must be done 2 weeks or more in advance. If your child is absent for any reason other than illness, you will not receive credit or a refund for that day. Illness requires an authorized Dr. note on surgery letterhead and will be applied as credit only.
- Payment in the amount of \$30 will be charged to your account for all checks returned for any reason.
- A \$25 late fee will be charged to your account if payment is not received on the due date of the payment plan.
- Payment for all field trips is due NO LATER THAN 2 WEEKS PRIOR TO THE TRIP DATE. We will automatically run the card on file for any unpaid field trips.
- Campers must be enrolled in the FULL DAY to attend any field trips or adventure park.
- THERE ARE NO REFUNDS, CREDITS, SUBSTITUTIONS, OR CANCELLATIONS OF ANY FIELD TRIPS FOR ANY REASON

- Campers that are removed from camp for any reason will not be refunded for tuition for the camp week in which incident occurred. Campers that are removed from camp for any reason will not be refunded for any field trips that have been paid in advance.
- Any photos/video footage taken while your child is at camp may be used for promotional purposes in print media and/or internet promotion. No financial compensation is available should such a picture/video be used.
- Please make a copy of the enrollment contracts to keep for your records.

PARENT / GUARDIAN AGREEMENT

I, the parent/guardian of _____ have read the above Camp Enrollment Contract which shall become my obligation to XL Soccer World - Lake Nona. I fully understand this obligation and the reasons for the implementation. By signing below, I indicate that I have read and agree to abide by all the policies listed in the parent Handbook and the enrollment contract.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

HEALTH AND WELLNESS FORM

Child's Name _____ Boy/Girl _____ DOB: _____

Grade as of January '22: _____ School: _____

Home Address: _____

City: _____ Zip: _____

Returning Camper _____ New Camper _____ Sibling of Returning Camper _____

Camper Shirt Size (circle one) YS, YM, YL, YXL, AS, AM, AL

Child lives with: Both Parents ___ Mother ___ Father ___ Guardian ___ Other ___

Parent/Guardian (1) Name: _____

Home Address: _____ City/Zip: _____

Cell: _____ Secondary #: _____

Email: _____ (Email to receive communication)

Parent/Guardian (2) Name: _____

Home Address: _____ City/Zip: _____

Cell: _____ Secondary #: _____

Email: _____ (Email to receive communication)

PLEASE ANSWER ALL QUESTIONS BELOW

1. What does your child like to do in his/her free time?

2. Describe how your child interacts with his/her peers:

4. Is your child receiving any special help with emotional concerns or behavior at school or home?

4. What is their favorite candy?

5. Is there anything else you would like us to know about your child that will aid us in helping him/her have a safe and enjoyable summer?

HEATH AND WELLNESS - PART 2

1. In the event of emergency please have an ambulance take my child to:

2. Has your child been identified as needed support or supplemental services during the school year in any of the following areas? Please check all that apply:

Academic___ Behavioral___ Speech/Language___ Personal/social___

3. Does your child use an EpiPen? Yes___ NO___

Does your child use an inhaler? Yes ___NO___

4. Allergies: Is your child allergic to any medications, food, animals or insect stings? If so, please explain:

Food Allergies: All campers that have food allergies will be seated at a table for lunch designated for food allergies. Please list any/all foods that your child is allergic to. Any items listed here will not be given to your child in any form.

Please list any foods that you do not wish your child to have:

5. Does your child take any daily medications? YES_____ NO_____ If yes please list:

NAME: _____ DOSAGE_____

6. Does your child have any medical/physical restrictions? YES _____ NO _____
If yes, please specify below:

7. Does your child suffer from any of the following?

Asthma _____ Hearing Loss _____ Diabetes _____ Convulsions _____ Other - Please list

I certify that the health history information provided on this form is accurate. My child has permission to engage in all camp activities and be transported to and from field trips that I have selected for him/her. If I cannot be reached in an emergency, I give permission to the physician selected by the camp to hospitalize and secure proper treatment for my child as named above. I will notify the Camp director if there are any changes to my child's medical information in writing. By signing, I acknowledge and hold harmless any XL Soccer World employees, coaches, staff, or associates from liability from any accidents or injuries sustained while in the facility.

Parent/Guardian Signature: _____ Date _____

AUTHORIZATION FOR CHILD RELEASE

Child's Name: _____ Grade as of 1/2022 _____

Child's Name: _____ Grade as of 1/2022 _____

Child's Name: _____ Grade as of 1/2022 _____

Child's Name: _____ Grade as of 1/2022 _____

XL Summer Camp Lake Nona requires that parents/guardians provide a list of ALL authorized person's who are permitted to pick up their child from XL Summer Camp. The names of all authorized person's MUST be on file with the camp office PRIOR to your child's attendance. ONLY authorized person's will be permitted to pick up children from the camp. To make changes to this form, you may do so by emailing the Camp Administrator, or in person. NOT BY PHONE. Each person permitted to collect must bring with them photo identification, and the family check out word or phrase collected by the staff during the camper's first day check in. Failure to provide photo ID or with out the check out word will result in the holding back of the child from collection.

I _____ parent of _____ authorize the following individuals to pick up my child from XL Summer Camp

Name #1: _____ Relationship _____

Cell # _____ Email _____

Name #2: _____ Relationship _____

Cell # _____ Email _____

Name #3: _____ Relationship _____

Cell # _____ Email _____

Name #4: _____ Relationship _____

Cell # _____ Email _____

Name #5: _____ Relationship _____

Cell # _____ Email _____

I understand and agree that XL Summer Camp Lake Nona's staff may release my child at the end of the day only to the above named individuals. I also understand that no one will be permitted to pick up my child without the correct identification.

Parent/Guardian Signature _____ Date _____

**BEHAVIOR MANAGEMENT POLICY
(ONE FORM PER CAMP FAMILY)**

Child's Name: _____ Grade as of 1/2022 _____

Child's Name: _____ Grade as of 1/2022 _____

Child's Name: _____ Grade as of 1/2022 _____

The XL Summer Camp Lake Nona wishes all our campers to have a safe, rewarding and memorable experience. For this to be achieved, there are a few rules campers are expected to follow. Please review the following rules and discipline measures with your child to ensure that he/she has a fun, positive, and most importantly, safe Summer with us.

CAMP RULES

1. ZERO TOLERANCE FOR BULLYING
2. Be kind and respectful to yourself, others, and camp property
3. Listen and follow directions
4. Keep hands, feet, all other body parts and objects to yourself
5. Be responsible your personal belongings, always.
6. Leave toys/cell phones at home. We are not responsible for the loss or theft of these.
7. **If you have an issue of any kind, always tell a counselor or a director immediately.**
8. Adhere to any COVID-19 rules and regulations.

CAMPER CONSEQUENCES

1. Redirection of camper
2. Verbal warning or time-out
3. Visit to camp director and phone call home (camper will speak to parents at that time)
4. If a second phone call is necessary, the child may be suspended from camp.
5. Parents will be notified in writing of the date the child will be permitted to return.
6. In the event of severe, consistent or excessive failure to follow rules, the camper will be suspended or removed from camp. Campers must then be picked up within 1 hour.
7. There are no refunds, credits, or substitutions for any days a child has been suspended from camp.
8. If the camper severely endangers the physical, mental, or emotions well being of another individual, the camper will be expelled from camp. No refunds are provided.
9. **XL Soccer World reserves the right to terminate a child's enrollment at our discretion**

PARENT/GUARDIAN AGREEMENT

I, the undersigned, have carefully read and gone over the above rules and consequences with my child. I agree with the above policy and understand that in the event my child is suspended or expelled from camp for failure to follow the rules, I will not receive a refund for any camp monies for that time. If my child is removed from the camp for any reason, I will not receive a refund for that week or any field trips paid in advance. My contract will be terminated at the end of the week that the camper was removed.

Parent/Guardian Signature _____ Date _____



XL SUMMER CAMP PAYMENT AGREEMENT

PLEASE FILL OUT ONE FORM PER HOUSEHOLD

PARENT/GUARDIAN NAME: _____

PHONE # 1: _____ PHONE # 2: _____

ADDRESS: _____ ZIP: _____

CITY: _____ STATE: _____ EMAIL: _____

CAMPER NAME(S): _____

CAMPER NAME(S): _____

PAYMENT SCHEDULE TOTAL AMOUNT: _____

PLEASE READ THE FOLLOWING GUIDELINES REGARDING THIS AGREEMENT:

- Minimum initial payment: Deposit of \$300
- Fees are payable by check, cash, or major credit card (VISA, MasterCard, American Express or Discover) Credit card MUST BE stored on file.
- PAYMENT PLAN DEADLINE: 4 x bi-weekly payments of 25% of the total after the \$300 deposit to be completed by 7/15/2022. All incomplete Payment Plans will be responsible for an additional fee of \$50/per camper.
- You are responsible for full payment of fees for your child(ren); policy prohibits office staff from involvement in domestic or personal issues regarding collection of fees from another party.
- No refunds once camp begins unless approved by management. All refunds are subject to a \$50.00 processing fee.
- Submit a fully completed camp application, including immunization record with doctor's signature or stamp.

06/03/22: \$ _____

07/01/22: \$ _____

06/17/22: \$ _____

07/15/22: \$ _____

Total: \$ _____

I have read the information above and understand the options provided for me to pay for summer camp. I take full responsibility for the completion of this payment agreement and will make payments accordingly without notice or reminder. I understand that if not paid in full by June 10, 2022, I will also be responsible for any fee increase or additional camp fees.

Parent/Guardian Signature: _____ Date: _____