



Summer Camp @ KAA 2017

King Abdullah Academy

Summer Camp @ KAA combines the excellence of KAA with the excitement of the summer season. Choose from a variety of sports and activities for your child.

About Summer Camp @ KAA

Summer Camp @ KAA will offer basketball, volleyball, soccer, arts (dance/drama), for rising 3rd-7th graders and an underwater robotics camp for rising 8th-10th graders, taught by professional instructors. Don't miss out on this opportunity to train and maintain skills in a fun atmosphere!



Price:

All standard camps will include instruction, lunch (students must bring bag lunch), and pool time. **ALL** camps run 9:00 A.M. – 3:30 P.M., Monday-Friday. Students may be dropped off at 8:30 A.M. and picked up by 4:00 P.M. **Camp availability is subject to cancellation due to low enrollment or closing due to maximum enrollment.**

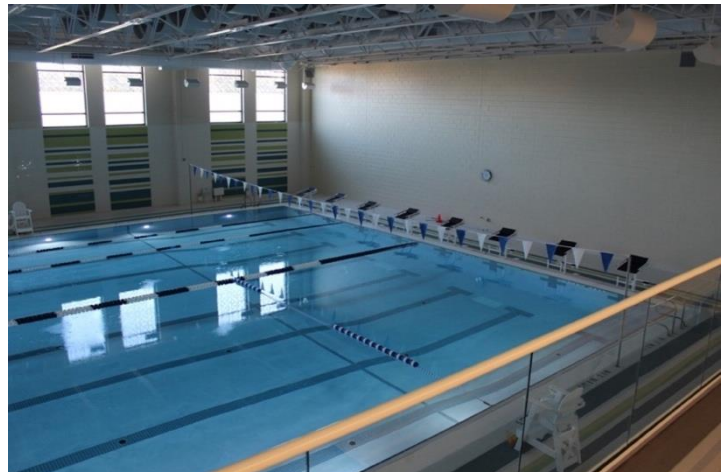
Week 1 = July 17 - 21 (Monday-Friday)

Week 2 = July 24 - 28 (Monday-Friday)

Week 1 (July 17 – 21) 9:00 AM-3:30 PM	Week 2 (July 24 - 28) 9:00 AM-3:30 PM
Girls Volleyball	Girls Volleyball
Boys Soccer Girls Soccer	Boys Soccer Girls Soccer
Girls Arts Camp (Drama)	Girls Arts Camp (Drama/Dance)
Underwater Robotics Boys Section Underwater Robotics Girls Section (ONLY rising 8 th -10 th graders)	Underwater Robotics Boys Section Underwater Robotics Girls Section (ONLY rising 8 th -10 th graders)
	Boys Basketball Girls Basketball

Tuition per week: \$350.00

Checks only. Made out to King Abdullah Academy



How to Register

Please complete the KAA registration form and attach a check (made out to King Abdullah Academy)

If camps do not reach a minimum number of participants **OR** the camp reaches capacity, parents will be notified ASAP.

Deadline is: Thursday, June 1st.

Questions? E-mail Camp Director, Julie DeGregorio jdgregorio@kaa-herndon.com

Please check the box (✓) for the camp and week you are signing up for:

Camp:	Week 1: (✓)	Week 2: (✓)
Girls Volleyball		
Boys Soccer		
Girls Soccer		
Girls Art Camp (Drama/Dance)		
Boys Robotics		
Girls Robotics		
Boys Basketball	X	
Girls Basketball	X	

Child

First _____ Middle _____ Last _____
 Gender: Male _____ Female _____
 Grade _____ Birth date ____/____/____ Age (as of May, 2017) _____
 Street Address _____

Town/City _____ State _____ Zip code _____
 Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____
 Ms. Mrs. Mr. Other _____
 Street Address _____

Town/City _____ State _____ Zip Code _____ Home Phone _____
 Work Phone _____ Cell phone _____ FAX _____
 E-mail _____
 Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____
 Ms. Mrs. Mr. Other _____
 Street Address _____
 Town/City _____ State _____ Zip code _____ Home Phone _____
 Daytime phone _____
 Cell phone _____ FAX _____ E-mail _____
 Occupation _____ Employer _____
 Child lives with: _____

Person responsible for payment _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____
 Work Phone _____
 Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____
 Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes ___ No ___ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes ___ No ___ If yes, explain: _____

Does your child require a special diet?

Yes ___ No ___ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that King Abdullah Academy will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the King Abdullah Academy Summer Camp. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of King Abdullah Academy and its affiliates.

Parent's/Guardian's Initials _____

King Abdullah Academy and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian:
