



Teen Financial Camp

Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Age (During Camp) _____ Gender _____ Social Security # _____
*****SS# required for touring the White House. Please ensure participant has a picture ID.**

Parent(s)/Guardian(s) _____

Home Phone: _____ Work Phone: _____

Cell Phone/Pager: _____ Email: _____

Shirt Size (Adult Sizes): Small Medium Large X-Large XX-Large (Circle One)

Does Child have any special dietary needs? If so please list _____

Parental Consent

The Six House, Inc. Teen Financial Camp has liability and sufficient medical insurance policies. If a participant has a specific medical condition (i.e. asthma) a letter **in writing must be submitted along with this registration form indicating the participant's special needs**. A medical staff person will be present throughout the camp to treat minor injuries, however, if a serious injury or illness occurs, the participant will be transported to the nearest hospital and the parent(s)/guardian(s) will be immediately notified.

I hereby agree that the Six House, Inc. Teen Financial Camp is not responsible for any previous injury or recurrences of any injury of my child prior to the first day he/she registers or occurring after the dismissal of campers from daily activities. The Teen

(over)

Financial Camp will assume responsibility only for injuries that occurred while my child is participating in camp activities which will be supervised by a Six House, Inc. staff member at all times.

I hereby agree to assume full financial responsibility for any personal injury or property damage incurred as a result of a willful or negligent act of my child while he/she is a participant at the Teen Financial Camp or on the grounds of the camp facility.

The Teen Financial Camp is a business environment. Students are to arrive on time and must notify Six House, Inc. of any absences; failure to do so will result in an unexcused absence. An unexcused absence, disruptive behavior, or failure to perform to an acceptable level will result in students being dismissed and no refund will be given.

I hereby agree that in the event my child is unruly, has unacceptable attendance, does not perform at an acceptable level or appropriate officials of the Teen Financial Camp are of the opinion that such child may harm himself or others, or damage property, Six House, Inc. has the right to terminate such child as a participant. I agree to arrange for such child's immediate transportation home and there will be no refund of the camp fee.

Parent Signature: _____ **Date:** _____

Payment Information:

_____ On or before July 1st \$200 per participant
_____ After July 1st \$225 per participant

****Note: There is a \$50 Non-Refundable Deposit**

*Make checks payable to Six House, Inc.
In the memo section please write "Teen Financial Camp".*

Mail checks and registration form to:

Six House, Inc.
Attn: Tina Seabron
2003 Kecoughtan Road
Hampton, VA 23661

Office: 757 / 244-4460
Fax: 757 / 245-3512
website: www.sixhouse.org
email: info@sixhouse.org
United Way Code: 6659

TEEN FINANCIAL CAMP RULES

1. The Teen Financial Camp is designed to help the participants reach their full potential in life, not just finances. Therefore, it is expected that the staff and participants will be in accordance with the highest standards possible.
2. Appropriate length shirts, shorts and shoes are to be worn at all times. Six House, Inc. reserves the right to send students home to change attire if it is inappropriate.
3. The following are prohibited from being in or on the property of the camp facility:
 - Tobacco in any form
 - Any type of weapon
 - Alcoholic beverages
 - Controlled substances
 - No chewing gum
 - Anything that would be considered distracting to other participants of the camp. (Six House, Inc. reserves the right to confiscate those items).
4. Food and drinks are allowed in designated areas only. Six House, Inc. will provide meals, however, students have the right to bring their own bag lunch.
5. No one is allowed to leave the property without permission from his or her parent(s)/guardian(s) and camp staff.
6. Willful violation of any policies or rules could lead to the loss of camp participation, without a refund of the camp fee.
7. Violation of rules will result in a warning, notification of parents and/or the suspension of the camper.
8. The use of all equipment will be at the risk of the participant. Six House, Inc. will not assume liability or responsibility for any participant. Six House, Inc. does not make any expressed or implied warranty of the premises, equipment, machinery, fixtures or furniture.
9. All participants are expected to maintain good attitude and HAVE FUN!!!!
10. While traveling to New York City, students are expected to adhere to all rules (including the bus, hotel and other locations on trip).

REMINDER:

PARTICIPANTS SHOULD PUT THEIR NAMES
ON ANY PERSONAL ITEMS.

Six House, Inc.
Parental Consent for Treatment

This form **must** be completed for any person under the age of 18. The form must be complete and signed by either parent or guardian **only**.

I/we the undersigned, do hereby authorize that certified Six House, Inc. staff members and medical center/hospitals are given the authority to render necessary medical services to my/our children which result, directly or indirectly, from his/her participation in trips, programs, events and activities sponsored by Six House, Inc. I/we the undersigned also hereby agree to be responsible for such charges made by such medical center/hospital, doctor, etc. in providing such medical services as we are referred to above.

Child's name: _____

Age: _____ Gender: _____ Date of Birth: _____

Address _____ City _____ Zip _____

Grade: _____ School Attending: _____

Your relationship to child: _____

Date of last tetanus booster (lockjaw shot): _____

Is your child allergic to any medication? (i.e. causes itching, rashes, or trouble)?

No _____ Yes _____ (Describe) _____

Who is your child's regular physician? Name: _____ Phone: _____

Emergency Contact (other than immediate family member):

Name: _____ Phone: _____

Does your child have any chronic illnesses? No _____ Yes (Type) _____

I/We certify that I/we have hospitalization insurance with:

Company _____ Policy Number _____

Parent/Guardian Name _____

Does Six House, Incorporated have permission to give any medical treatment necessary to your child in case we are unable to contact you?

Please Initial No _____ Yes _____

Any Exceptions? _____

Parent/Guardian Signature

Date