

Makersgeneration Camp



Waiver

As a parent you are aware of the inherent risks of injury or property damage associated with camp activities. These activities may involve working with materials, robotics and crafts, tools, running, , and so forth. As part of this agreement, you acknowledge that such risks exist and that you have allowed your child to attend camp and take part in all programs and activities including the use of all indoor and outdoor equipment and apparatus, knowing of these risks and all of their possible consequences. By signing this document, you agree to waive any claim you may have against Makersgeneration LLC and all of its personnel with respect to injury or property damage resulting from the risks described above. You agree further to waive and not to assert any claim for injury, property damage or any other damage against Makersgeneration LLC or any of its' personnel.

MEDICAL AUTHORIZATION: I hereby Makersgeneration LLC permission to take whatever action in its sole judgment may be necessary in supplying emergency medical services to my child. I understand that, consistent with the circumstances of the situation and time available, Makersgeneration LLC. will attempt to contact and follow the Instructions of the parent, physician, or other person(s) designated by me as emergency contacts. In the event that Makersgeneration LLC. is unable to contact any of the above persons, I do hereby grant permission to Makersgeneration LLC. to contact and comply with the advice of an available physician, ambulance personnel, or emergency room personnel. I hereby agree to be solely responsible for and will pay promptly, any expenses which may be incurred by Makersgeneration LLC. in making emergency medical treatment available to my child.

ABSENCES, WITHDRAWALS & DISMISSALS: The obligation for full payment of the fees incurred will be for THE ENTIRE SESSION regardless of the reason for non-attendance. Fees must be paid in full without deductions for absences of any duration or cause.

CANCELLATION POLICY: Camp needs at least 6 participants to be held. If for some reason camp needs to be cancelled due to under enrollment or a Director of the camp's illness or injury, the amount of camp missed will be fully refunded.

ENROLLMENT POLICY: Initial and continued enrollment at camp shall be at the sole discretion of Makersgeneration LLC. and its' DIRECTORS based upon the best interests of the child, the benefits of the program to the child and the welfare and happiness of the other enrolled children.

When the situation warrants it, parents will be informed of any ill behavior to try to reach a mutual agreement. If violation of camp rules affect safety of child or other directors or children at camp, the directors of Makersgeneration LLC. hold right to notify parents and have child leave camp.

This clause in no way cancels the contract between Makersgeneration LLC. and the parent for payment of the entire session's tuition.

CAMP PROGRAM :

Select which week of camp that you are registering for. Full day of camp is from 9am-4pm. The week start at \$360 depending of the program(9am-4pm).

Early drop off or extended care are offered from 8 to 9 am and 4 to 5 pm with a \$15/hour fee.

LUNCH :

Makersgeneration LLC do not provide lunch.

Provide a nut free snack and water for your children. We do not have a fridge. Think about something that can stay outside during all the morning.

We do not supply utensils for lunch, so we ask that you please pack your kids whatever silverware or other items they may need to eat their lunch.

NO CELLPHONE POLICY :

We understand that cellphones are a part of our every day life and are useful in many circumstances but they are not allowed during our camps framce and so are tablets and all electronics devices using internet and cameras.

Our primary goal is to keep everybody focus on the activities and not be distracted by those devices and also because the devices can get lost or stolen.

We are agree to contact you if necessary for any emergency case.

We hope you understand and that you will help us keep that policy a major point for everybody wellness at he camp.

THE PROGRAM: I have reviewed the program and policies of Makersgeneration LLC. including the above medical authorization.

I have read and understand that fees are NON-REFUNDABLE FOR ANY REASON.

I also understand my obligation for payment of a full session's tuition and agree to abide by this contract.

Parental Guardian Name: _____

Student Name: _____

Date of birth : _____

Age : _____

Grade : _____

Home Phone : _____

Cell Phone : _____

Work Phone : _____

Email : _____

Primary adress : _____

City, State, Zip : _____

School Name : _____

School Adress : _____

Signature: _____ DATE: _____

Pick up List:

Other persons to whom Makersgeneration LLC is authorized to release this child:

Under no circumstances will Makersgeneration LLC. release a child to anyone not identified below or not otherwise known to the staff, without specific authorization from a parent.

1. Name _____ Relationship _____

Phone _____

2. Name _____ Relationship _____

Phone _____

Emergency Contact:

Persons whom you authorize Makersgeneration LLC. to contact in case of emergency - such as a medical emergency, illness or other emergency, when child's parents are unavailable.

(Please list number one as the first person to call.)

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

Health

Please list any health or special situations concerning the child of which Makersgeneration LLC. should be aware, such as allergies, existing or pre-existing health problems, recent illnesses, medication requirements, etc. If administration of medicine is required, please let us know and we will send a form that must be completed by your physician.

Makersgeneration LLC.
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