



# REGISTRATION FORM

(To Be Completed by the Parent/Guardian)

## D.I.V.A. CAMP

*Dreaming, Inspiring, Visualizing, & Accomplishing*

The **D.I.V.A. Camp** focuses on key areas such as goal setting, table etiquette, appearance, social

Personal Information

Date: \_\_\_\_\_

Child's Name:	Street Address:
City	State:
Zip:	Child's Age:
Parent/Guardian's Name:	Home Telephone:
Work Telephone:	Parent/Guardian's Email Address:
Emergency Contact:	Emergency Phone:
Allergies :	Special Comments:
Ethnicity (please check): White: ____ Hispanic: ____ African American: ____ Asian: ____ Other: ____	Name of School:  Grade:
Method Of Payment Please Circle One MASTER CARD    VISA    CASH  CC# _____ Exp. _____ I give permission to charge my credit/ debit card \$ _____ for <b>D.I.V.A CAMP</b> Parent Signature: _____ Date payment received: _____ Note: No refunds will be given 2 weeks prior to camp	Check One ____ 1 Day D.I.V.A CAMP (4 Hours) ____ 4 Day D.I.V.A CAMP (4 Hours a day) ____ 4 Week D.I.V.A CAMP (4 Hours a day )  Date Camp Starts: _____ Time: _____ to _____ Location: Shereese Slate Director of <b>D.I.V.A CAMP</b> Shereese Int'l 1106 N Hwy. 360 Ste. 306 Grand Prairie TX 75050 817-800-4038 Email: shereese@shereeseslate.com



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## PARTICIPANT RELEASE AND INDEMNITY AGREEMENT

**Please read this carefully before signing:**

Shereese Slate Director of **D.I.V.A CAMP** appreciates you and your child's interest in attending our camp. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their daughter to participate in **D.I.V.A CAMP**.

We (or I) request that you accept the participation of my child \_\_\_\_\_ (child's full name) for activities associated with the **D.I.V.A CAMP**. In consideration, of acceptance, we (or I), hereby release Shereese Slate and all assistants of **D.I.V.A CAMP** from all claims or causes of action arising from damage or injury to the person or property of my child resulting from participation in camp activities, whether such damage or injury is the result of negligence or some other cause. We (or I) hereby agree to the indemnity and hold harmless proceedings of every kind and character which may be presented or initiated by any other person in the **D.I.V.A CAMP** program. If medical attention is required for injury or illness while participating in activities, we (or I) give our (or my) permission for such medical care. Any such care can be provided by **D.I.V.A CAMP** organizers and or its assistances at their sole discretion. In the event of illness or injury requiring treatment, hospitalization and/or surgery, we (or I), the child's family or their medical insurance is responsible for the cost. We (or I) will accept all expenses for such treatment. (We) I release **D.I.V.A CAMP** program organizers and or its assistances with all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any **D.I.V.A CAMP** Organization's staff, partnering agencies and affiliates or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined. We (or I) give permission for **D.I.V.A CAMP** Organization to use any films, videos, or photographs of my child for publicity, advertising, or other commercial purposes. We (or I) agree to the Notice Agreement conditions. We (or I) have read and understand the **D.I.V.A CAMP** Program policy and release agreement.

Signature: \_\_\_\_\_

(Parent or Legal Guardian)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(Parent or Legal Guardian)

Date: \_\_\_\_\_



# D.I.V.A. CAMP

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## NOTICE AGREEMENT

I agree to give two weeks notice before withdrawing my child from **D.I.V.A CAMP**  
Failure to give two weeks' notice will result in you receiving no refund.

1. Program begins at 9:00 am promptly and will end at 1:00pm; a grace-period of 30 minutes will be given for parent pick-ups. Pick-ups after 1:30pm (e.g. 1:31pm) will be automatically assessed an initial \$5 fee. Each additional minute thereafter will be assessed an additional late fee of \$1 per minute.
2. Failure of payment will result in none participation of child and/or of any future programs/events hosted by **D.I.V.A CAMP** or Shereese Slate.

I have read the conditions of the Notice Agreement. I understand and accept each condition as **D.I.V.A CAMP** policy.

Signature \_\_\_\_\_

(Parent or Legal Guardian)

Date: \_\_\_\_\_

**INTERNAL USE ONLY**

Registration Child: _____	
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