

Camp ACS

Chicago, IL
October 11-14, 2009

Space is limited—
Register NOW!

www.accentoca.com

CAMP ACS Welcomes children ages 6 months–17 years. Children participate in age-appropriate activities including arts and crafts projects, active games, and much more in a nurturing, safe, and educational environment. Meals are not included. Parents may bring lunch for their children in the activity center to be served by ACCENT during lunchtime.

REGISTRATION: To assure that your child has a place, please preregister by October 2, 2009. Your child(ren) is not registered until payment is received. We will assume your child will attend during the hours registered. If your schedule changes, we need as much notice as possible. We will accommodate you as best we can, based on availability. You will receive a refund for a cancellation received in writing at ACCENT offices no later than October 2, 2009. After that date, no refunds will be issued. "No shows" receive no refund. This policy is to insure proper staffing, which is in the best interest of your child(ren).

NOTE: For the safety and security of your child(ren), ACS/ACCENT has the right to refuse care to any child based on space availability and appropriateness. ACS/ACCENT also has the right to refuse care to any child unable to adapt to group situations as well as any child whose presence or behavior may disrupt the program or endanger the health or safety of other children. ACCENT staff do not administer medication and any child who is ill will not be admitted to the center.

PLEASE PRINT

| DAY/DATE | TIMES | CHECK-IN TIME | CHECK-OUT TIME | # OF CHILDREN | TOTAL |
|--|--|---------------|----------------|---------------|-----------------|
| Sunday 10/11/09 | 7:30 am–6:00 pm | | | | \$ |
| | 6:00–10:00 pm | | | | \$ |
| | \$12 per child/per hour (3-hour minimum) | | | | |
| Monday 10/12/09 | 7:30 am–6:00 pm | | | | \$ |
| | 6:00–10:00 pm | | | | \$ |
| | \$12 per child/per hour (3-hour minimum) | | | | |
| Tuesday 10/13/09 | 7:30 am–6:00 pm | | | | \$ |
| | 6:00–10:00 pm | | | | \$ |
| | \$12 per child/per hour (3-hour minimum) | | | | |
| Wednesday 10/14/09 | 7:30 am–6:00 pm | | | | \$ |
| | 6:00–10:00 pm | | | | \$ |
| | \$12 per child/per hour (3-hour minimum) | | | | |
| Nonrefundable registration fee of \$25 per child _____ children @ \$25 ea = | | | | | \$ |
| | | | | | TOTAL \$ |

| | | | |
|--------------|-----|-----|------------|
| CHILD'S NAME | AGE | SEX | BIRTH DATE |
| CHILD'S NAME | AGE | SEX | BIRTH DATE |
| CHILD'S NAME | AGE | SEX | BIRTH DATE |

Check here if your child has needs under the Americans with Disabilities Act. We will contact you.

DOES YOUR CHILD HAVE EXPERIENCE WITH GROUP CARE? Frequently Seldom Never

PAYMENT METHOD: U.S. funds only. Make checks payable to ACCENT on Children's Arrangements, Inc. CHECK # _____

VISA/MASTERCARD _____ EXP. DATE _____

I/We agree that a fax or photocopy of my/our signature(s) on this form shall be deemed original and shall not affect the validity of this form.

The child(ren) named above will be released ONLY to the person(s) signing this application.

| | |
|---------------------------|----------------|
| PARENT/GUARDIAN FULL NAME | SIGNATURE |
| PARENT/GUARDIAN FULL NAME | SIGNATURE |
| ADDRESS | CITY STATE ZIP |
| CELL | DAYTIME PHONE |
| E-MAIL | |

Please print and keep a copy for your records. DO NOT SEND THIS FORM TO ACS.

SEND TO: Camp ACS/ACCENT on Children's Arrangements, Inc. 615 Baronne St., Suite 303, New Orleans, LA 70113

PHONE 504-524-0188 **FAX** 504-524-1229 **E-MAIL** registration@accentoca.com

ACS 2009 General Release and Waiver

I/we, the undersigned parent(s)/guardian(s), in consideration of ACCENT on Children's Arrangements, Inc. ("ACCENT") providing the children's activity programs for our child (ren)/ward(s), at the American College of Surgeons (ACS) Annual Meeting in Chicago, IL, October 11–October 15, 2009 as designated below, do for myself/ourselves, my/our heirs, executors, administrators and assigns, hereby release and discharge ACCENT and ACS, its officers, directors, employees and agents, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever, which may arise from my/our child(ren)'s presence in the children's activity programs except I/we do not release ACCENT for gross negligence or willful misconduct on the part of ACCENT's officers, directors, employees or agents.

Furthermore, I/we agree to indemnify and to hold ACCENT and ACS harmless against loss from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever, that may hereafter be made or brought by my/our child(ren)/ward(s) or by anyone on his/her/their behalf except as set forth above and I/we waive any and all rights of exemption under any federal and/or state laws against such claims. I/We authorize ACS and ACCENT to use my child's name and video or photograph at any time and in any manner in connection with its advertising, publicity, and public relations program. The video/photo may only be used by ACS or ACCENT. No further claims will be made by me/us. All participants are expected to respect themselves, other people and their property. ACS and ACCENT are not responsible for acts caused by the willful misconduct of the youth. I/ We hereby recognize and accept ACCENT's policies.

| | |
|---|-----|
| Child's Name | Age |
| Child's Name | Age |
| Child's Name | Age |
| Our child(ren) has/have the following allergies, language, and/or special needs: _____ _____ | |
| Since this is a group care center, does your child have experience with group care? <input type="radio"/> Frequently <input type="radio"/> Seldom | |
| PLEASE NOTE: | |
| Children who have fever or any communicable disease will not be accepted in the Children's Activity programs. ACS/ ACCENT has the right to refuse care to a child unable to adapt to group situations. ACS/ACCENT has the right to refuse care to any child based on space availability and appropriateness. | |
| We have read the above and understand this release. Furthermore, in the event of an emergency, ACS/ACCENT has our permission to administer first aid or obtain emergency medical treatment in our child's best interest. We agree to pay all expenses incurred due to an emergency involving our child. I/We agree that a fax or photocopy of my/our signature(s) on this form shall be deemed original and shall not affect the validity of this form. | |



SIGNATURE, PARENT OR GUARDIAN

SIGNATURE, PARENT OR GUARDIAN

ADDRESS

CITY

STATE

ZIP

THIS WAIVER IS MANDATORY FOR PARTICIPATION IN CHILDREN'S ACTIVITY PROGRAMS CONDUCTED BY ACCENT ON CHILDREN'S ARRANGEMENTS, INC.

615 BARONNE ST., SUITE 303, NEW ORLEANS, LA 70113

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