

Enterprise Village *Extreme* Summer Camp

Ages: 10 - 13
Must have completed 5th Grade!

Before & after
care available
through the
YMCA

June 25 - 28, 2012

9:00 - 3:00

Limited Space Available

Fun

Friends

Learning

Leadership

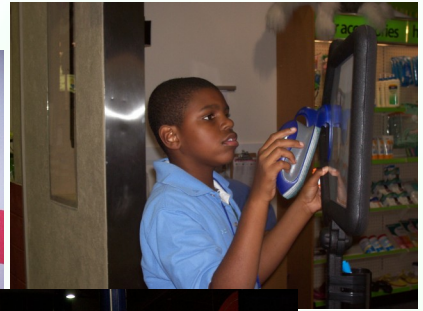
Career

Exploration



Visit us at www.stavrosinstitute.org or call for more info. Limited space available so don't miss this 1st ever opportunity.

(727) 588-3746.



Enterprise Village Extreme

We have finally done it; we are offering a summer camp that has been requested by parents for years. Enterprise Village Extreme is an extension of our much loved 5th grade experience, Enterprise Village. Extreme will be a 4 day learning simulation that will engage your student ages 10 - 12. Students must have completed 5th grade. We will expose them to business, entrepreneurship, career exploration, and financial planning. Students will participate in hands-on exploration of careers, job skills, interview skills, teamwork, marketing, and business planning. All of this preparation will result in the final day where they will operate a village and host a large town meeting to report outcomes and successes as well as celebrate with their families. This is an event you won't want to miss. Registration is open now and spaces are limited. Before and after care will be available on site provided by the YMCA - Bardmoor. Call for more information (727)588-3746.



Enterprise Village Extreme Summer Camp

Registration Form

June 25-28, 2012 9:00 AM - 3:00 PM

Registration Fee \$25.00

Tuition \$150.00

Please fill out a separate registration form for each child (photocopies are acceptable). A confirmation letter with complete details will be mailed after your registration is received. **Registration is due by June 1, 2012. Camp will be held at the Gus A. Stavros Institute June 25-28, 2012.**

Student Name _____ Nick Name _____

Address _____ City _____ Zip _____

Parent/Guardian Name _____

Day Phone _____ Evening Phone _____

Parents E-mail _____ Cell Phone _____

Age ____ (must have completed 5th grade) T-shirt size _____ (adult sizes only)
(Ages 10 – 12 only)

Will you child be utilizing the available before and aftercare. YES No

This service is will be provided by the YMCA for an additional fee of \$60.00. This will provide care from 7:00 AM to 9:00 AM, 3:00 PM to 6:00 PM @ the Stavros Institute and from 7:00 AM - 6:00 PM on Friday at the YMCA Bardmoor location.

Cancellation Policy:

For cancellations two or more weeks prior: Camp fees, minus the deposit, will be refunded. For cancellations one week prior: 1/2 of camp fee, minus the deposit, will be refunded. Cancellations less than one week prior: no refunds.

Payment Method:

Mail registration form along with payment to:

Gus A. Stavros Institute
12100 Starkey Rd.
Largo, FL 33773

Please make your checks payable to Gus A. Stavros Institute and put "Summer Camp" in the memo line. Call 727-588-3746 ext. 2222 for more information.

For Stavros Staff use only:

\$25.00 Registration Fee paid: _____ Date: _____ Ck # _____

\$150.00 Tuition Fee paid: _____ Date: _____ Ck # _____

Enterprise Village Extreme Summer Camp

Permission/Waiver Form

Name of Child _____ Date _____

Print Name of Parent or Legal Guardian _____ Date _____

Functions and Activities

It is my understanding that participating in the programs and recreational activities of the Gus A. Stavros - Enterprise Village Extreme (hereafter GSI) is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risk associated with the activities, including as an example , physical injury due to activity-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this permission/waiver form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities, whether such risks are known or unknown to me at this time. If further release GSI and it's director, employees, volunteers and agents from any claim that my child may have or that may have against them as a result of injury or illness incurred during the course of their participation in the activities.

Photography and Publicity

I hereby grant full permission to the Gus Stavros Institute or agents authorized by it to use any photographs, video tapes, motions pictures, recording or any other record of the Summer Camp for any legitimate purpose. Further, I hereby waive any right I may have to inspect or approve the finished project.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of GSI to see and secure any needed medical attentions or treatment for the child named above, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from action to obtain medical treatment. I give permission for attending physician (s) and an other medical personnel to administer any needed medical treatment, including surgery, and again, I agree to pay for the medical treatment.

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Health Insurance Information

Insurance Carrier _____ Policy # _____

Medical Doctor _____ Phone _____

Dentist Name _____ Phone _____

Emergency Contacts: Names of persons and telephones to call in case of emergency or for pick up:

Name	Cell Phone	Home/Work Phone	Relationship

Medical History: Special medical needs and concerns (allergies, diet, medications, etc.)

Other Information:

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the attached permission/waiver form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of GSI Enterprise Village Extreme, including special events/activities. In consideration for allowing the participation of the child in the activities of GSI, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian _____ Date _____

Print Name of Parent or Legal Guardian _____ Date _____