CAMP ATS Welcomes children ages 6 months-12 years. Children participate in age-appropriate activities including arts and crafts projects, active games, and much more in a safe, nurturing environment. Meals are not included in the camp fees. Parents can purchase meals to be provided on-site via this registration form at $15 per meal. Parents can also send or bring lunch.

REGISTRATION: To assure that your child has a place, please pre-register by May 7, 2020. 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’s offices no later than May 7, 2020. No refunds will be issued after that date. “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), ATS/ACCENT has the right to refuse care to any child based on space availability and appropriateness. ATS/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 does not administer medication and any child who is ill will not be admitted to the center.

<table>
<thead>
<tr>
<th>Day/Date</th>
<th>Times</th>
<th>Session</th>
<th>3 years &amp; Under</th>
<th>3 years &amp; Over</th>
<th>Check-in Time</th>
<th>Check-out Time</th>
<th>No. of Children</th>
<th># of Meals @ $15 ea.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday, May 15th</td>
<td>7:30 AM – 12:30 PM Half Day</td>
<td>$60.00</td>
<td>$45.00</td>
<td>$</td>
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</tr>
<tr>
<td>Saturday, May 16th</td>
<td>7:30 AM – 12:30 PM Half Day</td>
<td>$60.00</td>
<td>$45.00</td>
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</tr>
<tr>
<td>Sunday, May 17th</td>
<td>7:30 AM – 12:30 PM Half Day</td>
<td>$60.00</td>
<td>$45.00</td>
<td>$</td>
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</tr>
<tr>
<td>Monday, May 18th</td>
<td>7:30 AM – 12:30 PM Half Day</td>
<td>$60.00</td>
<td>$45.00</td>
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</tr>
<tr>
<td>Tuesday, May 19th</td>
<td>7:30 AM – 12:30 PM Half Day</td>
<td>$60.00</td>
<td>$45.00</td>
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</tr>
<tr>
<td>Wednesday, May 20th</td>
<td>7:30 AM – 12:30 PM Half Day</td>
<td>$60.00</td>
<td>$45.00</td>
<td>$</td>
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</tr>
</tbody>
</table>

Non-refundable administrative fee of $10 per child _______ children @ $10/ea = $

Total $
Camp ATS 2020 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 Thoracic Society ("The Society") Corporate meeting in Philadelphia, PA on May 15 – 20, as designated below, do for myself/ourselves, my/our heirs, executors, administrators and assigns, hereby release and discharge ACCENT and the Society 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 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 the Society 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 and I/we waive any and all rights of exemption under any federal and/or state laws against such claims. I/We authorize the Society 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 the Society or ACCENT. No further claims will be made by me/us. ACCENT staff is present to assure the safety and well being of all program participants. All participants are expected to respect themselves, other people and their property. The Society and ACCENT are not responsible for acts caused by the willful misconduct of the youth. By signing this waiver I/We acknowledge that I/We will provide a cell phone number that we will be available at all times while my child is in ACCENT’s care. 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? Frequently_______ Seldom__________

PLEASE NOTE: Children who have fever or any communicable disease will not be accepted in the Children’s Activity programs. The Society/ACCENT has the right to refuse care to a child unable to adapt to group situations. The Society/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, the Society/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)

__________________________  ____________________________
(Home Phone)      (Alternate Phone)

This waiver is mandatory for participation in children’s activity programs conducted by ACCENT on Children’s Arrangements, Inc.
615 Baronne Street, Suite 303, New Orleans, LA 70113

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