

## Summer Program Registration Application

Mail completed registration application Inner Beauty Solutions, Inc. ® to the address listed above. Remember, your registration fee and full payment or deposit, must accompany this application to hold your place. While each participant must submit a completed Medical Form and Waiver prior to participation **DO NOT** hold up sending your registration application and payment while waiting to complete your Medical Form and Waiver – those can be mailed or brought to the program on the first day.

**Please tell us how you first heard to the Summer Program**

\_\_\_ Picked up flyer    \_\_\_ Friend    \_\_\_ Newspaper \_\_\_\_\_    \_\_\_ Other \_\_\_\_\_

**This is a ten (10) week program beginning Monday, June 28, 2010 ending Thursday, September 2, 2010**

Session I	Session II	Session III	Session IV	Session V
June 28 – 1 July 5 – 8	July 12 – 15 July 19 – 22	July 26 – 29 August 2 – 5	August 9 – 12 August 16 – 19	August 23 - 26 August 30 – Sept. 2

Only \$55.00 per day when you pay for all ten (10) weeks; otherwise, \$300.00 per week; all payments must be made prior to program start. Payment plans available.

**Please Print**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parents Cell #: \_\_\_\_\_ Parent's Work #: \_\_\_\_\_

Emergency Contact # : \_\_\_\_\_ Email: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Tutoring Needs: \_\_\_\_\_

Tee-Shirt Size: \_\_\_\_\_

**Enclosed is my:**

- non-refundable registration fee of \$75 and full payment of \$2,200.00 for all ten (10) weeks  
or
- non-refundable registration fee of \$75 and half payment of \$1,100.00 for all nine (10) weeks balance of 1,100.00  
(indicate below)  
or
- non-refundable registration fee of \$75 and my full payment for \_\_\_\_\_ week(s) (indicate below)

Please make checks or money orders payable to: **Inner Beauty Solutions**. Balance is due two weeks prior to the start of selected weeks. If paying for all ten weeks, the balance is due two weeks prior your selection. Enrollment is limited: first come, first enrolled! Mail to: P.O. Box 313 Central Islip, New York 11722-0313. Registration fees are **NON-REFUDABLE**. 100% deposits are refundable if your request is made in writing three weeks prior to the start of the selected weeks, **only**. We will adhere to the postmark. We are not responsible for lost or misdirected mail. *Please be advised that there is a \$40 check fee on all returned checks.*

**Please Do Not Write Below This Line**

Office Use Only:		
Registration fee Received:	Money Order #:	Date:
Attending Sessions: I:	II:	III: IV: V:
Deposit Amount: \$	Balance Due: \$	
Amount of Full Payment Received:	Name/Relationship of Person that Paid:	
Total Amount Received:		
Total Amount Due:		
Check #:	Name of bank on check:	Routing Info.:
Notes:		

- Per day/per week prices are not inclusive of additional fees
- If paying by check, payment must be received at least two weeks prior to start week

# Inner Beauty Solutions, Inc. ®

"You're Beautiful On The Outside When You Recognize Your Beauty On The Inside!" ®

Inner Beauty Solutions, Inc. ®

P.O. Box 313

Central Islip, New York 11722-0313

631.561.8006 (p)

631.676.7691 (f)

Dear 2010 Prospective Summer Program Participant/Parent/Guardian:

I am thrilled that you have chosen to spend your summer with us! This will be the most valuable summer you have ever had, I promise! This is especially true if you're registered for all five sessions, as each session picks up where the last session left off. We have some exciting programs set up for you. For example, we will introduce or re-introduce you to such things as swimming, various sports, dancing, special training for girls & boys, & a host of self-esteem building activities. Additionally, you will meet caring professionals who will assist with enhancing your summer experience and overall life. Last, but certainly not least, you will meet some wonderful new friends and perhaps become reacquainted with old friends. Your surroundings will consist of positive staff members who have your best interest at heart. If that is not enough, you will receive peer tutoring, exposure to **REAL** live professionals in a varied amount of fields as well as have set aside time from their busy schedules just for you! Community service is also a part of the curriculum, as giving back is essential to all growth.

Boys and girls will be in an environment where they will learn how to love and appreciate themselves. They will be taught about the importance of self-esteem which will empower them to build a foundation of self-love that will propel their lives to new levels. In today's time of sexually explicit videos, degrading images in magazines, negative television shows, movies, billboards, etc. that constantly display false images of what youth should look like and how they should behave, we provide an outlet that will properly channel all that & boys are forced to internalize and are not mature enough to effectively process into positive and uplifting energy.

Let me list the philosophy behind the Summer Program:

- **Safety:** Again, high on the priority meter. We will insure that all participants are safe. That is why we have set forth the rules that we ask parents to sign off on. We appreciate that you have trusted us with your most precious asset, your child, therefore, we will **NOT** bend if someone breaks a rule. Not adhering to rules not only puts your child in harms way, but the other participants and the staff members, as well. Each participant will be given special attention and encouragement. They will learn to express themselves in a safe, friendly and nurturing environment of peers and positive adult role models. We ask that parents/guardians, not ask anyone to bend any rules.
- **Have fun:** Our staff will do its best to see to it that each participant will have the ability to have fun and enjoy their day, by making activities fun for all involved. This is high on the priority meter, also.
- **Making friends:** Isn't that what summer is all about? Making new friends. Participants will find that they will make friends with other participants that may last a very long time.
- **Building Self-Esteem:** The very crux as to why Inner Beauty Solutions, Inc. ® even exists. It is my quest in life to see that every participant knows and understands the importance of constantly building of their self-esteem. As a result, they will be encapsulated within a "put up zone". Putting down others will not be permitted while in this program, it is strictly forbidden and there is a zero tolerance for it. I am steadfast about standing behind my slogan, "You're Beautiful On The Outside When You Recognize Your Beauty On The Inside!"®. Boys and Girls need to know how to use their words with care. Staff/Consultants will adhere to this policy, as well.

The success of the summer program depends largely on the quality of staff and assistance from the parents of each participant. Staff's primary objective is to put the participants first – they become my responsibility in your absence and I do not take that lightly. I strive to hire staff members that are professional and nurturing.

Parents are role models and must exhibit the kinds of behavior they wish for their children to establish, such as being on time at the beginning of the program as well as at the end, making certain that their children's program shirts are cleaned, attending any parent meetings that may be held. Approximately one parent meeting will be held during each session, as we want to remain on the same accord so that manipulation cannot rear its ugly head.

Please read over all of the materials enclosed in this packet and then sign it and return with your registration fee and deposit as soon as possible. Please be advised that I am available to answer any questions that you may have, so please do not hesitate to reach out to me, at 631.561.8006 or send me an email at [info@innerbeautysolutions.net](mailto:info@innerbeautysolutions.net) with your concerns.

Sincerely,

*Darlene Aiken*

Darlene Aiken  
President/CEO

## Acknowledgement of Risks: Waiver and Release of Liability

This document **must** be read, signed and received prior to participation. Submit this completed waiver with your mailed-in application or when you check your child into the program. The Player/Participant in any Inner Beauty Solutions, Inc. ® and its affiliates program must read the statement below before completing and signing this agreement. If Player/Participant is under the age of 18, or not competent to enter into a contract under any applicable state law, each parent and/or legal guardian of Player/Participant must read this agreement and consent to it by signing below.

**AGREEMENT:** In consideration of Player/Participant being permitted by Inner Beauty Solutions, Inc. ® and its affiliates to participant in any activity planned, staffed, sponsored or coordinated as an outing, sporting event, workshop, clinic, tournament, game, drill, or other event, Players/Participants, and all Parents/Guardians acknowledge, understand and agree that:

- 1. WAIVER & RELEASE OF LIABILITY:** We are fully aware that there will be some activities/sporting events, etc. that will be fast-moving and include some contact and that participants/players run and compete at high rates of speed, come in contact with other participants/players while moving at high speeds, etc. Some sports may require that participants/players wear appropriate sporting/protective gear and that they be alert, healthy and well-conditioned. We are aware of the risks, including the risks of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with player's/participant's participation in any sporting/non-sporting event. We agree that we alone are responsible for providing participant/player with appropriate equipment. We further agree on behalf of ourselves, our heirs, and personal representatives, and those of Inner Beauty Solutions, Inc. ® the host company, and any sponsor of any Inner Beauty Solutions, Inc. ® sanctioned event, along with the coaches, referees, officials, volunteers, employees, agents, members, officers, and directors of any of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of player's/participant's participation in any Inner Beauty Solutions, Inc. ® event or damages, claims, and causes of action we or any of us may have against them and do hereby release, indemnify and hold them harmless.
- 2. MEDICAL ATTENTION:** We hereby give our consent to Inner Beauty Solutions, Inc. ® and any host organization(s) of any sporting/non-sporting events to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and/or emergency medical services as warranted in the course of Player's participation.
- 3. READINESS TO COMPETE:** Participant/Player will only participate in those sporting/non-sporting events that the player/participant is physically and psychologically prepared to compete. By signing this Agreement we represent that we know player/participant to be physically and psychologically prepared to compete and that we are unaware of any physical or psychological condition that renders or may in the future render Player/Participant unfit to participate in any sporting/non-sporting events. If we learn of any such condition between the date of signing this agreement and the date of any events attended while in the care of Inner Beauty Solutions, Inc. ® in Player/Participant will participate, we agree to withdraw Player/Participant from participation.
- 4. CODE OF CONDUCT:** I have read and agree to all terms in the Inner Beauty Solutions, Inc. ® Code of Conduct, especially with regard to player's/participant's responsibilities, and/or parent's/guardian's responsibilities as applicable.

\_\_\_\_\_  
(Player/Participant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

## Medical Waiver Form

**IMPORTANT:** This form must be received prior to your participation in the program. Save a copy of this form once completed and signed by your physician. We must receive the original. If it gets lost, or held up by mail, having a copy available will save you time and effort. Mail to the address listed above or submit on your arrival date. **DO NOT** hold up sending your registration application and deposit check while waiting to complete this Medical Form – this form can be mailed later. You also acknowledge that you will be responsible for any payment(s) due that your insurance does not cover or if it has expired. Inner Beauty Solutions, Inc. ® will not be held responsible for any medical payments whatsoever and is the sole responsibility of the parent(s)/guardian(s).

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**If not attending all sessions, please circle which session(s) your child will attend**  
Session I                      Session II                      Session III                      Session IV                      All Five Sessions \_\_\_\_\_  
(see dates above)

### MEDICAL INSURANCE CARRIER:

Name: \_\_\_\_\_

Policy#: \_\_\_\_\_

### MEDICAL HISTORY

Please list all known allergies:

Please list medications to be taken during the day:

List any medical conditions, past injuries and limitations that our staff should be aware of:

### FOR PARTICIPANT'S PHYSICIAN

I certify that \_\_\_\_\_ (Name of Participant) was examined by me on \_\_\_\_\_ (date, must be within past eight (8) months of the first listed session above) and is physically fit to actively participate in all activities.

\_\_\_\_\_  
(Physician's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Physician's Name)

Phone Number: \_\_\_\_\_

Physician's Notes: \_\_\_\_\_

### Parent/Guardian Signature

In The event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the staff of Inner Beauty Solutions, Inc. ® to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the participant named above. The determined treatment will be billed to my insurance carrier listed above.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

Home Phone (    ) \_\_\_\_\_

Cell Phone (    ) \_\_\_\_\_

Work Phone (    ) \_\_\_\_\_

Emergency Contact name & phone, other than parent/guardian: \_\_\_\_\_

Any participant that is on medication, it must be self-administered and it must not be a sedative or any medication that will interfere with the day's activities

## Code of Conduct

All Staff and Participants must adhere to the **THINK** test before speaking. Failure to adhere to this procedure could be grounds for expulsion, for both staff and participants. It is the goal of the President/CEO/Founder of Inner Beauty Solutions, Inc. ® to plant the seeds that will ultimately build self-esteem within the lives of each person that we come into contact with. This goal will not be achieved if we do not strictly enforce that all people involved watch their words. This is a "put up zone", therefore, "put downs" are not permitted nor tolerated, whatsoever.

The **THINK** test is:

T – Thoughtful  
H - Helpful  
I - Inspiring  
N - Necessary  
K – Kind

If you're not sure if the words you're about to speak include one or all of the above, it is probably a good idea to re-think what you're about to say.

Always remember to use your manners, at all times!

Respect yourself

Respect staff

Respect your peers

Speak upon entering a room where other people are whether you know them or not

Remember to be courteous at all times

Ask before touching/using other participant's belongings

Do unto others as you would have them do unto you i.e., keep your hands to yourself unless you're using them to be helpful

Take pride in your appearance

Take pride in the appearance of the facility that houses the program. Take pride in the appearance of any facility that permits you access

Remember that ladies do not fight, bully, threaten, or use foul and ugly language

Remember that we only have positive things to say about ourselves and others

We always clean up after ourselves

We follow the rules to help secure the safety of all

We are not interested in wearing inappropriate attire

We are aware that only walking shorts are appropriate for this program

We are aware that pierced body parts must be completely covered (parents are responsible for the complications)

Parents are responsible for each participant's lunch (glass containers and bottles are prohibited )

We will refrain from engaging in the use of alcoholic beverages, cell phones, firearms, aerosol cans, illegal drugs, matches, lighters, electronic games, portable music devices, tobacco, gambling, betting, tampering with emergency equipment, setting off fire alarms, inappropriate displays of affection, or anything that the qualified staff deems inappropriate. It is our goal to positively shape minds. We reserve the right to have a participant removed from the program based on lack of adherence to one or all of the above or in an emergency incorporate rules. Due to the fact that we work closely with each participant and their family, should it come to the point of having to remove an individual from the program it is due to the fact that we have tried everything possible to work with the parent/guardian to no avail. Should this be the case, there will **NOT** be a refund of any type. We reserve the right to amend any rules that we deem necessary for the safety of all participants and staff at any time at our discretion. All policies are final.

*Please note that this program is a privilege, not a right and Inner Beauty Solutions, Inc. ® and its subsidiaries reserve the right to change the rules, prices, expectations, and any and all of the contents of its program without being held liable. Parents also understand that they are responsible for having all insurance coverage paid and updated so as to cover their children and if they fail to keep the insurances updated, they will be responsible for all expenses. By signing these documents and allowing your child to participate means that you accept these terms. Also, should your child leave the program for any reason, Inner Beauty Solutions, Inc. ® will not incur current, nor future medical responsibility for any reason, whatsoever.*

### Frequently Asked Questions

**What am I getting for the money that I am paying?** The money that you pay covers everything except lunch (acceptable lunches will be discussed later). Your child will receive a wealth of activities such as bowling, tennis, skating, track, swimming, trips to museums, dance lessons, arts & crafts, tutoring, an air-conditioned facility, trips to various places in the city. We also pay for their round trip transportation each day we're out, snacks will be provided, qualified staff, 1 tee-shirt, a copy of Ms. Aiken's book for girls\*, exposure to professional people, peer tutoring, self-esteem building exercises, and so much more (activities are subject to change due to weather/availability).

**How are the staff screened that will be working with my child?** The staff that will be working with your child, many have come via word of mouth and/or are former colleagues of Ms. Aiken, the President/CEO and Mrs. Bondswell, Proprietor of Occasions Catering & Banquet Hall. But guess what? Regardless of that, all staff will be responsible for undergoing an extensive and thorough investigation. Additionally, each staff member is fully aware that should they engage in **ANY** foul play or are suspected of **ANY** foul play, charges will be pressed against them to the **fullest** extent of the law.

**What happens if a participant engages in any illegal activity?** Should your child become involved in **ANY** illegal activity, he/she will be prosecuted to the fullest extent of the law. All staff of Inner Beauty Solutions, Inc. ® **WILL** fully cooperate with all law enforcement agents and its affiliates.

**What happens if my child is removed from the program?** Any participant that is asked to leave the program because of lack of adherence to the rules and regulations, even if self-inflicted, could be barred from attending other sessions. If for any reason a participant is removed from the program, for a day, week, or any period of time, there will **NOT** be a refund of any kind. However, if a person is removed for any other reason, each case will be reviewed and addressed on a case-by-case basis. Please be advised that all decisions that are made by Inner Beauty Solutions, Inc. ® are final and Inner Beauty Solutions, Inc. ® has final say.

**Why is the program only from Monday – Thursday?** The program is a four day program because we are not a camp. While the children will have fun and will be in a safe and positive environment, the program does implement some forms of educational components. Fridays off gives the children a day to stay home and rest and perhaps catch up with some of their friends who may not be a part of the program. Additionally, it allows families to take a mini-vacation. It also permits staff to spend some quality time with their families during the summer months, as well. Also, while my staff eats lunch with the participants, they do not receive separate lunch break so Friday is a culmination of their one-hour lunch breaks.

**What happens if I am late bringing my child to the program during an activity?** If you know you are going to be late, you should keep your child home for the day. Because we have to report for most events within a certain timeframe, because we operate in a group. Staff will not be permitted to leave others unattended to meet a parent at a facility, as this disrupts the flow of the personnel of the facility in which we're attending and it breaches the security of other participants. Please be advised that lateness will not be reimbursed. While we appreciate that in life there are times when lateness is inevitable, if there is a pattern, we may have to remove your child from the program, as it sets a bad example for others.

**What happens if I am late picking up my child from the program?** If you know you are going to be late you can call in advance and let staff know that you will be giving one of the two people that you have listed on your alternate sheet, permission to pick up your child. Please be advised that only those listed on your alternate sheet will be permitted to pick up your child, with proper picture identification only. If it is not possible to have one of the people on your alternate sheet to pick up your child, you will be charged \$75 per half hour that you are late up to \$225. You will be expected to remit your payment at the time of pick up or the following day. Failure to adhere to the pick-up policy could result in your child being removed from the program. Please be mindful that staff has family that they must tend to, as well. You may not change who will pick up your child via telephone, you must complete another sheet and provide staff with it as soon as you know there will be a change and only one change will be permitted per session and two if your child is enrolled in all five sessions. The changes can only be made on Thursdays when we're on site for the day. No changes will be honored during scheduled activities.

**Will I and/or my child receive compensation for photographed sessions?** No, please be aware that you, your child, family members or any of your affiliates will not receive any form of compensation for any pictures that we take within the program setting to advertise our program or for any reason whatsoever. It is not our intent to ever exploit or misrepresent your child's image or likeness, but may use his/her likeness and image within the body of our advertising or other business campaigns. This includes Inner Beauty Solutions, Incorporated ® and its affiliates.

**What happens if I send my child to the program by him/herself?** It is the parent's responsibility to see to it that their child arrives to the program safely and on time. Should he/she become detained for any reason and staff leaves en route to program, Inner Beauty Solutions, Inc. ® neither its staff will be held liable. Additionally, should he/she arrive on time, but dressed inappropriately or without lunch or some other mishap, it will be the parent's responsibility to pick up their child and/or bring whatever is missing providing it will not interfere with the planned activities for the day. Please also note that you are agreeing that he/she will be left at the meeting site while the others are en route to the scheduled activity and the parent will be accessed a \$75 per half hour that the child remains on site up to \$225. You will be expected to remit your payment at the time of pick up or the following day. Failure to adhere to the pick-up policy could result in your son/daughter being removed from the program.

**I read some place that my child will be given roundtrip fare, what is that for?** Staff will be given metro cards for each participant and staff will make sure that each participant has access to all modes of transportation for the purposes of getting to and from each activity. Fare designated for activities may not be applied elsewhere. Transportation to and from the program is the responsibility of the parent/guardian. Staff will **NOT** be provided with excess funds to give your child fare to get home.

**If I am unable to attend a parent meeting is my child still responsible for the rules that we did not understand and/or did not know about?** Yes! As the parent/guardian, It is your responsibility to learn of the rules, set forth by Inner Beauty Solutions, Inc. ® so that you will have a better understanding of our operation and if this program is right for you and your child.

**Will you prorate the fee if my child misses one or two days from the program?** No, it is your responsibility to make certain that your child attends each day that you have registered him/her for. If for some reason he/she misses a day, you will not receive a refund, regardless of the reason. We have pre-arranged trips and activities from a group standpoint, thereby receiving group rates in many instances and cannot retract the group rates.

**Can parents Chaperone for trips and events?** Yes. Parents must complete a chaperone form, in advance and provide their dates of availability. We ask that chaperones will make themselves available to all participants and not just their sons/daughters. We also ask that parents who chaperone be open to the possibility that we might have to separate them from their child depending upon circumstances. Depending on the trip/activity, parents maybe responsible for paying for their trip.

\* Books are only provided for girls that are registered for the entire session. All other girls will pay \$10.95 + \$5.00 = \$15.95 per book.

### Alternate Pick Up Sheet

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ give permission for two people to be on file as being responsible for picking up my child, in my absence. I have provided Inner Beauty Solutions, Inc. ® with their full name, address and a clear copy of government issued photo identification is included with this application. I also understand that this form must be submitted prior to my child beginning the program. I am aware that if I choose to change an alternate pick up person, I must do so in writing. I am aware that I am permitted to change twice if my child is enrolled in all four sessions and only once per each session. I am also aware that this may **ONLY** take place on a Thursday onsite, not during scheduled activities. **Each** time the alternate person comes to pick up my child, they must present the same picture ID on file.

#### Alternate One

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Alt.# ( ) \_\_\_\_\_

Picture ID presented \_\_\_\_\_ attach a photo \_\_\_\_\_

I am aware of the drop off and pick up times \_\_\_\_\_ Signature \_\_\_\_\_

How many sessions \_\_\_\_\_ How many changes \_\_\_\_\_

~~~~~

#### Alternate Two

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Alt. # ( ) \_\_\_\_\_

Picture ID presented \_\_\_\_\_ attach a photo \_\_\_\_\_

I am aware of the drop off and pick up times \_\_\_\_\_ Signature \_\_\_\_\_

How many sessions \_\_\_\_\_ How many changes \_\_\_\_\_

## Chaperone Form

Full Name \_\_\_\_\_

Full Address \_\_\_\_\_

Day Time Telephone ( ) \_\_\_\_\_ Evening Telephone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Child's Full Name \_\_\_\_\_

Please provide us with your days of availability (Chaperones are asked to participate for the entire length of the trip/activity).

|                    |                   |                      |                       |
|--------------------|-------------------|----------------------|-----------------------|
| Week 1 (June 28-1) | Week 2 (July 5-8) | Week 3 (July 12 –15) | Week 4 (July 19 – 22) |
| ___ Monday         | ___ Monday        | ___ Monday           | ___ Monday            |
| ___ Tuesday        | ___ Tuesday       | ___ Tuesday          | ___ Tuesday           |
| ___ Wednesday      | ___ Wednesday     | ___ Wednesday        | ___ Wednesday         |
| ___ Thursday       | ___ Thursday      | ___ Thursday         | ___ Thursday          |

|                      |                    |                    |                       |
|----------------------|--------------------|--------------------|-----------------------|
| Week 5 (July 26– 29) | Week 6 (Aug. 2 –5) | Week 7 (Aug. 9-12) | Week 8 (Aug. 16 – 19) |
| ___ Monday           | ___ Monday         | ___ Monday         | ___ Monday            |
| ___ Tuesday          | ___ Tuesday        | ___ Tuesday        | ___ Tuesday           |
| ___ Wednesday        | ___ Wednesday      | ___ Wednesday      | ___ Wednesday         |
| ___ Thursday         | ___ Thursday       | ___ Thursday       | ___ Thursday          |

|                       |                             |
|-----------------------|-----------------------------|
| Week 9 (Aug. 23 – 26) | Week 10 (Aug. 30 – Sept. 2) |
| ___ Monday            | ___ Monday                  |
| ___ Tuesday           | ___ Tuesday                 |
| ___ Wednesday         | ___ Wednesday               |
| ___ Thursday          | ___ Thursday                |

We welcome any time that you can volunteer; however, we ask that you **ONLY** check days that you are able to commit to.

All chaperones must have the standard first aid with CPR/AED– adult and child & fingerprints on file with us before they are permitted to chaperone.

Chaperones understand that they are volunteering their time and are not entitled to any compensation. They also understand that they will be held responsible for the well-being of all children. They understand that they are responsible for arriving on time and only leaving at the end of their designated shift.

\_\_\_\_\_  
(Full Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\*All parent chaperones must be at least 21 years of age.