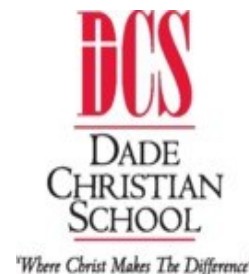




THE MASTER'S ACADEMY DADE CHRISTIAN SCHOOL

Summer Camp Program 2025



Ministries of New Testament Baptist Church

New Testament Baptist Church and its ministries, The Master's Academy and Dade Christian School, exist to challenge children in grades 2k - 8th to become well-balanced, Christ-like persons by educating in the mental, physical, social, and spiritual realms.

REGISTRATION PACKET

This packet will provide you with all of the information necessary to register your child(ren) in the NTBC/TMA/DCS Summer Camp Program. It is imperative that you read all of the information thoroughly and initial and sign where necessary. If you have any additional questions or feel there is something we should know about your child before camp begins, please feel free to call Mrs. Mercy at DCS: (305)822-7690.

We look forward to seeing you and your children soon!

Forms Included in this Packet:

1. Camper Registration Form - Pg. 2-3
2. Camp Policies—Important Information - Pg. 4
3. General, Transportation, Swimming, and Insurance Waiver - Pg. 5
4. Automatic Debit/Credit Card Charge Authorization Form - Pg. 6
5. Assumption of the Risk and Waiver of Liability relating to Coronavirus/COVID-19 - Pg. 7

CAMP DATES: June 2 - August 1, 2025

CAMP HOURS: 9:00AM - 4:00PM

EARLY IN: 7:30AM

EXTENDED CARE: 4:00PM - 6:00PM

CAMP TUITION AND FEES:

One-time Registration Fee:	\$50.00
Weekly Tuition:	\$200.00
Extended Care (Weekly)	\$50.00

REGISTER BY MAIL OR IN PERSON AT:

DADE CHRISTIAN SCHOOL

6601 NW 167TH STREET

MIAMI, FL 33015

PH: (305) 822-7690

FAX: (305) 364-4802

EMAIL: mquintero@dadechristian.org

Office use only		
Camper #	Group	Swim

NTBC SUMMER CAMP 2025

Camper Registration Form

Use ONE Registration Form per camper. Please print legibly.

Please circle a T-Shirt size: **Youth:** XS, S, M, L **Adult:** S, M, L, XL

I. Camper Information

Camper Name (Last)_____ (First)_____ (Middle In.)_____

Camper Address_____ City_____ State_____ Zip_____

Age_____ DOB_____ Male/Female_____

School Name_____ **CURRENT Gade Level**_____

Parent's Email_____

How did you hear about our camp?_____

II. Family Information

Mother's Name (First/MI/Last)_____ Home Phone_____

Home Address_____ Employer_____

Cell Phone_____ Work Phone_____ Other Phone_____

Father's Name (First/MI/Last)_____ Home Phone_____

Home Address_____ Employer_____

Cell Phone_____ Work Phone_____ Other Phone_____

III. Emergency Contacts and Camper Pick Up Authorization

Parent's Authorization Signature_____

1. Name_____ Relationship_____ Phone_____

2. Name_____ Relationship_____ Phone_____

3. Name_____ Relationship_____ Phone_____

4. Name_____ Relationship_____ Phone_____

5. Name_____ Relationship_____ Phone_____

IV. Health Information

Child's Physician_____ Phone_____

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IV. Health Information Continued

Please advise us of any learning disabilities, emotional, or physical conditions to assist us in providing the best camp experience for your child:

List all medications your child will bring with him/her to camp:

Medication	Medical Condition	To Be Given When/How

V. Allergies: List all known allergies

Medication Allergies	Describe reaction and management of the reaction

Food Allergies or Dietary Restrictions	

Other Allergies (i.e. insect stings, hay fever, asthma, animal dander, etc.):

EMERGENCY TREATMENT INFORMATION! PLEASE READ AND SIGN BELOW

Informed Consent for Emergency Treatment: In the case of an emergency and if I cannot be reached, I authorized New testament Baptist Church Summer Camp 2025 to obtain whatever medical treatment he/she deems necessary for the welfare of my child. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether or not my medical insurance would cover such charges and fees.

Print Name of Parent(s)_____

Signature of Parent(s)_____Date_____

NTBC SUMMER CAMP 2025

Automatic Credit Card Charge Authorization Form

Authorization Date _____

Cardholder's Name (Please Print) _____

Address _____

City, State, Zip Code _____

Phones: Home _____ Cell _____

Camper's Name(s) _____

This is to authorize NTBC/DCS Summer Camp 2025 to charge my credit card specified below for the tuition amount of \$ _____ plus any other amount due for miscellaneous charges such as lunch tickets, aftercare pass, and extra camp shirts. This authorization is in effect until I notify you in person or writing. Initials X _____

Credit Card Information (Please check one)

____ VISA ____ MASTERCARD ____ AMERICAN EXPRESS ____ DISCOVER

Credit Card Number _____ - _____ - _____ - _____

V-Code _____ (3 digits on back of card) or (4 digits on front of AMEX card)

Expiration Date _____ (Card cannot expire within one year of authorization date)

NTBC SUMMER CAMP 2025

IMPORTANT INFORMATION!!! PLEASE READ, INITIAL and SIGN BELOW

REFUNDS: Refunds are only available on a camp credit basis that can be redeemed at a later time and are only offered to campers that undergo a severe illness or if a natural disaster occurs (i.e., hurricane, tropical storms, etc.). Refunds will be made only to the original payee and may not be used by someone else. **Initials**_____

ABSENCES: Refunds are not issued for vacations, special events, short-term illnesses of four (4) days or less, or other personal commitments that prevent attendance. However, a refund may be available for an extended illness if the student is absent the entire week. A note from the doctor/hospital and written note from the parent explaining the situation must be received in order to approve a camp credit refund. **Initials**_____

DISMISSAL FROM CAMP: There are times when the camp must dismiss a child due to psychological, emotional, or physical disability that precludes the child from participating safely or effectively in a group. Dismissal will take effect only after consultation among the parents, camper (if appropriate), and the Camp Director. Dismissal for the aforementioned reasons will result in a complete refund for the unused days. On occasion, dismissal may be necessary for disciplinary reasons. This actions will take effect only after consultation among the parents, the camper (if appropriate), and the Camp Director. If a camper is dismissed for disciplinary reasons, there will be NO REFUND for the unused days. **Initials**_____

MANDATED REPORTING: NTBC /DCS Summer 2025 employees are mandated, by Florida State Law, to report any suspected cases of child abuse or neglect directly to the appropriate authorities for investigation. While we have established internal procedures to facilitate reporting and apprising supervisors, we cannot, by law, require our employees to disclose his or her identity to anyone. **Initials**_____

PAYMENTS:

Weekly Campers: Full tuition amount (\$200.00) is due on Monday morning. **Initials**_____

CAMP T-SHIRTS: For your child's safety, we require all campers to wear their camp t-shirt on field trip days. Any camper that does not have his/her camp shirt, will be provided one and the parent/guardian will be charged \$12.00. **Initials**_____

PHOTO CONSENT: Any photographs taken of the campers by Camp Staff or their representatives are used for arts and crafts, scrapbooking, editorial and/or promotional uses only. **Initials**_____

I acknowledge that I have read NTBC—Summer 2025 camp policies and that I accept its conditions, hereby relieving NTBC/The Master's Academy, Dade Christian School, and its employees of all legal claims.

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Date

NTBC SUMMER CAMP 2025

General, Transportation, Swimming, and Insurance Waivers

GENERAL WAIVER

I, the undersigned, the parent/guardian of the child named below; do hereby consent to this child's participation in the 2025 New Testament Baptist Church Summer Camp Programs at The Master's Academy, and Dade Christian School. I am aware that there are inherent risks associated with participation in the aforementioned summer camp programs, parties, play areas, and inflatable equipment, and I, on behalf of myself and the participant named below, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants. I grant program officials the authority to obtain emergency medical treatment as necessary to ensure that the child named below is safe from further injury. I am aware of no physical or other reasons why this child should not participate in the camp programs and related camp functions. I will impress upon the child the importance of following camp rules, regulations, and leaders' directions. In consideration of the camp allowing this child to participate in its programs, I agree to hereby release and hold harmless, New Testament Baptist Church, The Master's Academy, and Dade Christian School, their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against all claims, injuries, liabilities, or damages arising out of or related to our participation in any and all summer camp activities, parties, the use of play areas, and/or inflatable equipment. Initials_____

TRANSPORTATION and SWIMMING STATEMENT OF PERMISSION AND RELEASE

I/We, the undersigned, hereby grant my child permission to travel on camp sponsored trips. I acknowledge that my child will be participating in activities, field trips, and events organized by NTBC/The Master's Academy/Dade Christian School Summer Camp program. I understand some of the activities are water related and require minimal swimming skills. I also understand that my child will be traveling on a NTBC/The Master's Academy/Dade Christian School bus to and from these activities. I/We release and hold harmless, NTBC/The Master's Academy/Dade Christian School, the Camp Director(s) or his designee(s) from all liability for mishap or injury to the camper named herein from the time of departure to the time of return. In the event my child requires medical/surgical services which require my consent before being supplied and I cannot be reached, I hereby authorize, appoint, and empower the camp representative to furnish on my behalf such written or oral authorization as may be required. I understand that every effort will be made to contact the parents or guardians of campers. It is understood that the best possible care will be given to my child.

Initials_____

INSURANCE WAIVER

My/our child is covered under our family health insurance plan which has limits of not less than \$25,000. Initials_____

Insurance Company_____Policy Number_____

I ACKNOWLEDGE AND CONFIRM THAT I HAVE READ THIS WAIVER PRIOR TO SIGNING BELOW

Parent/Guardian Name: _____ Date_____

Parent/Guardian Signature _____

Camper's Name_____

NTBC SUMMER CAMP 2025

Assumption of the Risk and Waiver of Liability relating to Coronavirus/COVID 19 The Novel Coronavirus

COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal state and local Governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

New Testament Baptist Church (NTBC)/Dade Christian School (DCS) and The Master's Academy (TMA) has put in place preventative measures to reduce the spread of COVID-19; However NTBC/Dade Christian School and the Master's Academy cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending NTBC Summer Camp could increase your risk and your child(ren)'s risk of contracting COVID-19.

By accepting these terms, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending NTBC Summer Camp and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at NTBC Summer Camp may result from the actions, omissions, or negligence of myself and others, including, but not limited to, new Testament Baptist Church (NTBC) /Dade Christian School (DCS) and the Master's Academy (TMA) employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at NTBC Summer Camp or participation in Program Activities. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless New Testament Baptist Church (NTBC/) Dade Christian School (DCS) and The Master's Academy, (TMA) its employees, agents, members, managing members and representatives, of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of NTBC, its employees, agents, members, managing members and representatives, whether a COVID-19 infection occurs before, during, or after participation in any NTBC Summer Camp activity.

Name of Parent/Guardian (PRINT)

Signature of Parent/Guardian

Date