

St. Patrick' Summer Camp
Weekly Schedule June 25-29, 2018

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Summer Camp is from 8:30-3:30pm. **AFTER CARE BEGINS AT 3:41pm**, you will be charged \$5.00 per hour. It ends at 5:30pm, after 5:31pm, you will be charged an additional \$10.00. Please be on time and considerate of your child's counselors.

*Lunch is due upon arrival: **NO HOT LUNCH THIS YEAR**

*Fieldtrip fee is due in cash prior to Thursday's fieldtrip. Please submit cash and form to counselor.

MONDAY: 6/25 Purchase camp shirt \$10

- *9:00am-11:00am Cyclone Soccer/Movement/Chess
- *11:00am-11:30am Lunch
- *11:30am-2:30pm Pool/Park
- *2:30-3:00pm Snacks and bathroom
- *3:00-3:30 Blue Playground/Green Gym/Yellow Media Center
- *3:40pm-5:30pm After-care 2nd floor

TUESDAY: 6/26

- *9:00am-11:00am Cyclone Soccer/Chess/Dance
- *11:00am-12:00pm Lunch/Free play
- *12:00pm-3:00pm Tennis/Music/Basket Ball
- *3:00-3:30 Blue Playground/Green Gym/Yellow Media Center
- *3:40pm-5:30pm After-care 2nd floor

WEDNESDAY: 6/27

- *9:00am-11:00am Cyclone Soccer/Movement/Chess
- *11:00am-11:30am Lunch
- *11:30am-2:30pm Pool/Park
- *2:30-3:00pm Snacks and bathroom
- *3:00-3:30 Blue Playground/Green Gym/Yellow Media Center
- *3:40pm-5:30pm After-care 2nd floor

THURSDAY: 6/28 Sky Zone \$20- wear camp shirt

- *9:00am-10:00am Arrival
- *10:00-2:00pm Sky Zone (sign field trip form and waiver)
- *2:30-3:00pm snacks and crafts
- *3:00-3:30pm Blue Playground/Green Gym/Yellow Media Center
- *3:40pm-5:30pm After-care 2nd floor

FRIDAY: 6/29 Wacky Tacky Theme!

- *9:00am-11:00am Cyclone Soccer/Movement/Chess
- *11:00am-12:00pm Lunch/Free Play
- *12:00pm-3:00pm Basketball/Music/Robotics
- *3:00-3:30 Blue Playground/Green Gym/Yellow Media Center
- *3:40pm-5:30pm After-care 2nd floor

Yellow Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
8:30-9:00	Arrival	Arrival	Arrival	Arrival	Arrival
9:00-9:40	Soccer	Soccer	Soccer	Field trip	Soccer
9:40-10:20	Movement (Patrician)	Movement (Barry Hall)	Movement (Patrician)	Field trip	Movement (Barry Hall)
10:20-11:00	Chess	Chess	Chess	Field trip	Chess
11:00-12:00	Lunch	Lunch/gym	Lunch	Field trip	Lunch/gym
12:00-1:00	Pool	Art	Pool	Field trip	Tennis (Field) Basketball (Gym)
1:00-2:00	Park	Basketball (Gym)	Park	Field trip	Robotics
2:00-3:00	Bus/Change	Music	Bus Change	Field trip	Music
3:00-3:30	Yellow Media Center	Yellow Media Center	Yellow Media Center	Yellow Media Center	Yellow Media Center
3:40-5:30	After-care (2 nd floor)	After-care (2 nd floor)	After-care (2 nd floor)	After-care (2 nd floor)	After-care (2 nd floor)

Blue Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
8:30-9:00	Arrival	Arrival	Arrival	Arrival	Arrival
9:00-9:40	Chess	Chess	Chess	Field trip	Chess
9:40-10:20	Soccer	Soccer	Soccer	Field trip	Soccer
10:20-11:00	Movement (Patrician)	Movement (Barry Hall)	Movement (Patrician)	Field trip	Movement (Barry Hall)
11:00-12:00	Lunch	Lunch/patrician	Lunch	Field trip	Lunch/patrician
12:00-1:00	Pool	Music	Pool	Field trip	Music
1:00-2:00	Park	Art	Park	Field trip	Tennis (Field) Basketball (Gym)
2:00-3:00	Bus/Change	Basketball (Gym)	Bus Change	Field trip	Robotics
3:00-3:30	playground	playground	playground	playground	playground
3:40-5:30	After-care (2 nd floor)	After-care (2 nd floor)	After-care (2 nd floor)	After-care (2 nd floor)	After-care (2 nd floor)

Green Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
8:30-9:00	Arrival	Arrival	Arrival	Arrival	Arrival
9:00-9:40	Movement(Patrician)	Movement(Barry Hall)	Movement (Patrician)	Field trip	Movement(Barry Hall)
9:40-10:20	Chess	Chess	Chess	Field trip	Chess
10:20-11:00	Soccer	Soccer	Soccer	Field trip	Soccer
11:00-12:00	Lunch	Lunch/media	Lunch	Field trip	Lunch/media
12:00-1:00	Pool	Basket Ball (gym)	Pool	Field trip	Robotics
1:00-2:00	Park	Music	Park	Field trip	Music
2:00-3:00	Bus/Change	Art	Bus Change	Field trip	Tennis (Field) Basketball (Gym)
3:00-3:30	Gym	Gym	Gym	Gym	Gym
3:40-5:30	After-care (2 nd floor)	After-care (2 nd floor)	After-care (2 nd floor)	After-care (2 nd floor)	After-care (2 nd floor)

3:00-3:30 Blue Playground/Green Gym/Yellow Media Center

ST. PATRICK SCHOOL
Field Trip Consent and Release

Name of Participant: _____ Name of Parents/Guardian: _____

Address of Parents/Guardians: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Information:

Name: _____

Address: _____ Phone: _____

Description of Field Trip/Activity: Sky Zone (Must sign Waiver)

Location: 5450 NW 82 Ave Miami FL 33166

Transportation: Franmar Bus Company

Date: 6/28/18

Details: Yellow camp shirt/socks

Time: 9:30am-3:00pm

Cost: \$20.00

I hereby freely and voluntarily consent to participation in the field trip/activity described above. I agree to assume all financial responsibility for participation in the field trip/activity and hold St. Patrick School, Archdiocese of Miami, Inc., and all of their corporate members, affiliated entities, employees, officers, directors, and agents ("Sponsors") harmless for all costs incident to my participation in this field trip/activity.

I, the undersigned, a participant in the field trip described above, do waive and release Sponsors from liability for any injury, accident, or damages caused by any vehicle, weather, sickness, or otherwise stemming from any act or omission of any individual. I also release Sponsors and agree to indemnify them with regard to any financial obligations incurred by my acts or omissions.

I understand that all travel involves some risk, and I hereby agree to assume and consent to such risk. I hereby waive and release Sponsors for any injuries, damages, or losses incurred in connection with actions, omission or conditions or developments, or any other actions, omissions or conditions within or outside Sponsors' control. By my participation in this program, I voluntarily assume all risks involved in such travel, whether expected or unexpected. I hereby acknowledge that I have been warned of such risks, and that I have been advised to take appropriate action and to govern myself accordingly. I am also aware that certain insurance companies do offer insurance against some of the many perils noted and that I may opt to insure myself should I so choose.

I hereby grant Sponsors full authority to take whatever actions they may consider in their sole discretion to be warranted under the circumstances concerning my health and safety and I specifically and fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. I authorize Sponsors at their discretion to place me, at my own (or my parents= or my guardians=) expense and without further consent, in a hospital that is readily available, and to place me in the hands of a local physician for treatment should the need arise at my expense.

I agree to comply fully with the rules of Sponsors and any travel company and I agree that Sponsors have the right to enforce their standards of conduct as determined and interpreted in their sole discretion, and that, should I fail to comply with them, Sponsors have the right to terminate my participation in the program. In the event of termination, I agree to be sent home at my parent(s)/guardian(s) expense. I understand that this is an organized program and that group standards must be observed. I hereby waive and release Sponsors from any claim arising out of my failure to remain under such supervision. In addition, I acknowledge the right of Sponsors to terminate my participation at any time of failure to maintain standards or for any actions or conduct for which Sponsors deem incompatible with the interest, harmony, comfort, and welfare of other students. I specifically agree not to bring any weapons or illegal drugs with me on the field trip/activity.

I acknowledge that Sponsors are not responsible either for any injury or loss whatsoever suffered by me during periods on independent travel or during any absence from the program of Sponsors.

All references in this release to Sponsors shall also include all of their chaperones, group leaders, faculty members, administrators, volunteers, and agents. All references to the "parents" of the participant include the legal guardians or other adults responsible for the participant.

I hereby grant to Sponsors the right to photograph and/or videotape me and further to use my name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without any reservation, limitation, or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of my name, face, likeness, voice and appearance.

I have read the terms and conditions set forth by Sponsors and I agree that this constitutes a part of any agreement with Sponsors. I understand and agree to all of Sponsors' terms as set forth in the descriptive information and in this Release. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Participant: _____

Name (Print): _____

Date: _____

I certify that I am the parent or legal guardian of the above-signed participant, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsors as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participant's leaving the supervision of Sponsors. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Parents/Guardians: _____

Name (Print): _____

Date: _____



Participant Agreement, Release and Assumption of Risk (The Agreement) – Sky Zone Doral/Cutler Bay

Please print and fill out highlighted areas completely or complete electronically. www.skyzone.com/doral or www.skyzone.com/cutlerbay

Must be completed for participants under the age of 18

(Print up to four names/birth dates below of children of the SAME parent, legal guardian, or power of attorney):

Table with 4 rows and 3 columns: Minor Participant (1-4), First Name, Last Name, Birth Date.

I have voluntarily elected to use and, if applicable, to allow the minor child(ren) identified above and all minor children under my supervision and referred to individually and collectively herein as "Child", to use the Sky Zone facilities and equipment located at 5450 NW 82nd Avenue, Doral, FL 33166 OR 10200 SW 186 St., Miami, FL 33157, (the "Sky Zone Facility").

I acknowledge and agree that this Agreement covers and is intended to release and provide other benefits, legal protections, and consideration to SZMIA, Inc., Vertical Ventures, Inc., Aerial Ventures, Inc., RPSZ Construction LLC, Sky Zone Franchise Group LLC, Sky Zone LLC, and their respective and collective agents, owners, officers, managers, shareholders, affiliates, volunteers, participants, employees, and all other persons or entities acting in any capacity on their respective or collective behalf (collectively, "SZ")

RELEASE OF POTENTIAL INJURIES

I acknowledge and agree that the use of trampolines and the other equipment at the Sky Zone Facility and that participating in trampoline and other activities is inherently and obviously dangerous. These risks include serious physical or emotional injury, paralysis, death, damage to myself, the Child, and/or third parties, and damage to personal property of any or all such persons.

SPECIFIC RELEASE FOR "GLOW" ACTIVITIES

I acknowledge that the Sky Zone Facility may at any time engage in a promotion referred to as "Glow", and other similar programs and activities, that involve the use of reduced and altered or theatrical lighting and special effects, which can increase the inherent and obvious dangers of the activity and can lead to physical or emotional injury, paralysis, death, or damage to myself, the Child, and/or third parties.

VOLUNTARY ASSUMPTION OF RISK

I acknowledge and agree that I and the Child are participating voluntarily at our own risk. I acknowledge and agree that the actions or activities of other customers or the actions or inactions of Sky Zone Facility employees could cause me or the Child significant bodily injury (as described in this Agreement), and that SZ is not responsible for the actions or activities of customers using the Sky Zone Facility or the negligence of its employees in supervising the Sky Zone Facility or its usage.

- a) Participants may die or become paralyzed, partially or fully, through their use of the Sky Zone facility and participation in Sky Zone activities.
b) Participants may suffer cuts, scrapes, bumps, bruises, concussions, the transmission of disease strains and allergic reactions through use of the Sky Zone Facility equipment or contact with other participants or surfaces they have contacted.
c) Participants may fall on each other, resulting in broken bones and other serious injuries.
d) Traveling to and from trampolines can result in similar physical injury (even if the participant is not himself or herself bouncing at the time).
e) Observing, standing, sitting or taking photographs at or near any trampoline or activity can result in similar physical injury (even if the observer is not himself or herself participating at the time).
f) Participation during reduced or altered lighting "Glow" events can affect depth perception and visibility and may cause me and/or my Child to fall, slip, misstep, collide with other jumpers, or collide with equipment which can result in a greater risk of serious physical or emotional injury, paralysis, or death.

AGREEMENT TO PAY MY OWN MEDICAL EXPENSES

I acknowledge, accept, and assume the risk of any and all medical conditions, limitations, or disabilities (whether temporary or permanent) that I or the Child possess, whether known or unknown, which might contribute to or exacerbate any injury I or the Child might sustain as a result of using the Sky Zone Facility or any of its equipment.

RELEASE OF LIABILITY

The Releasing Parties hereby forever, irrevocably and unconditionally release, waive, relinquish, discharge from liability and covenant not to sue SZ, and their successors, predecessors-in-interest, and insurers (collectively, the "Releasees") from any and all claims, demands, rights, actions, suits, causes of action, obligations, debts, costs, losses, charges, expenses, attorneys' fees, damages, judgments and liabilities, of whatever kind or nature, in law, equity or otherwise, whether now known or unknown, suspected or unsuspected, and whether or not concealed or hidden, related to or arising, directly or indirectly, from my or the Child's access to and/or use of the Sky Zone Facility, premises and/or its equipment (whether trampolines or otherwise), the Child's and/or my entry into the Sky Zone Facility, the condition, maintenance, inspection, supervision, control or security of the Sky Zone Facility, the failure to warn of dangerous conditions in connection with the Sky Zone Facility, and/or the acts or omissions of SZ or any of the Releasees, including, without limitation, any claim for negligence, failure to warn or other omission, property damage, personal injury, emotional injury, illness, bodily harm, paralysis or death.

ARBITRATION OF DISPUTES; TIME LIMIT TO BRING CLAIM

I understand that by agreeing to arbitrate any dispute as set forth in this section, I am waiving my right, and the right(s) of the minor child(ren) above, to maintain a lawsuit against SZ and the other Releasees for any and all claims covered by this Agreement. By agreeing to arbitrate, I understand that I will NOT have the right to have my claim determined by a jury, and the minor child(ren) above will NOT have the right to have claim(s) determined by a jury. Reciprocally, SZ and the other Releasees waive their right to maintain a lawsuit against me and the minor child(ren) above for any and all claims covered by this Agreement, and they will not have the right to have their claim(s) determined by a jury. ANY DISPUTE, CLAIM OR CONTROVERSY ARISING OUT OF OR RELATING TO MY OR THE CHILD'S ACCESS TO AND/OR USE OF THE SKY ZONE PREMISES AND/OR ITS EQUIPMENT, INCLUDING THE DETERMINATION OF THE SCOPE OR APPLICABILITY OF THIS AGREEMENT TO ARBITRATE, SHALL BE BROUGHT WITHIN ONE YEAR OF ITS ACCRUAL (i.e., the date of the alleged injury) AND BE DETERMINED BY ARBITRATION IN THE COUNTY OF THE SKY ZONE FACILITY, FLORIDA, BEFORE ONE ARBITRATOR. THE ARBITRATION SHALL BE ADMINISTERED BY JAMS PURSUANT TO ITS RULE 16.1 EXPEDITED ARBITRATION RULES AND PROCEDURES. JUDGMENT ON THE AWARD MAY BE ENTERED IN ANY COURT HAVING JURISDICTION. THIS CLAUSE SHALL NOT PRECLUDE PARTIES FROM SEEKING PROVISIONAL REMEDIES IN AID OF ARBITRATION FROM A COURT OF APPROPRIATE JURISDICTION. This Agreement shall be governed by, construed and interpreted in accordance with the laws of the State of

Florida, without regard to choice of law principles. Notwithstanding the provision with respect to the applicable substantive law, any arbitration conducted pursuant to the terms of this Agreement shall be governed by the Federal Arbitration Act (9 U.S.C. Sec. 1-16). I understand and acknowledge that the JAMS Arbitration Rules to which I agree are available online for my review at jamsadr.com, and include JAMS Comprehensive Arbitration Rules & Procedures, Rule 16.1 Expedited Procedures, and, Policy On Consumer Minimum Standards Of Procedural Fairness.

PHOTO/VIDEO/SOCIAL MEDIA WAIVER

In connection with my and the Child's use of the Sky Zone Facility, I consent to the recording of the Child's and my physical likeness and/or voice through mechanical, photographic, technical, digital, electronic or other means ("Recordings"). I hereby consent to and authorize SZ and its agents, representatives, employees, successors and assigns to use, in perpetuity, such Recordings, as well as the Child's name and my name, for any purpose, including advertising, promoting, exploiting and/or publicizing any Sky Zone Facility. I further agree that the foregoing includes the consent to use the Child's and/or my physical likeness in any form. In addition, I waive any and all claims I may have in connection with the Recordings.

TERM OF AGREEMENT

I understand that this agreement extends forever into the future and will have full force and legal effect each and every time I or my child(ren)/ward(s) visit Sky Zone, whether at the current location or any other location or facility.

SAFETY IS YOUR RESPONSIBILITY: I AND EACH CHILD AGREE TO FOLLOW THE CODE OF PATRON RESPONSIBILITY:

- a) You acknowledge that there are inherent risks in the participation in or on any trampoline court, and that such risks include not only the use of trampolines, but other activities and equipment. Patrons of a trampoline court who use trampolines, and those who engage in any other activities or use any other equipment, by participation, accept the risks inherent in such participation of which the ordinary prudent person is or should be aware. Patrons have a duty to exercise good judgment and act in a responsible manner while using the trampoline court and other equipment, and while engaging in such activities. Patrons have a duty to obey all oral or written warnings, or both, prior to or during participation, or both.
- b) You have a duty to not participate in any activity on any trampoline court, or engage in any other activity or use any other equipment, when under the influence of drugs or alcohol.
- c) You have a duty to properly use all safety equipment provided, whether for the trampolines at the trampoline court, or otherwise.
- d) You have a duty to not participate in any activity on any trampoline court, or engage in other activities or use other equipment, if you have pre-existing medical conditions, circulatory conditions, heart or lung conditions, recent surgeries, back or neck conditions, knee or ankle conditions, high blood pressure, known pregnancy, any history of spine, musculoskeletal or head injuries, or if you may be pregnant.
- e) You have a duty to remove inappropriate attire including hard, sharp or dangerous objects such as buckles, pens, purses, badges and so forth.
- f) You have a duty to avoid bodily contact with other patrons.
- g) You have a duty to conform with or meet height, weight or age restrictions imposed by the manufacturer or owner to use or participate in any trampoline park activity, whether involving the use of trampolines, or otherwise.
- h) You have a duty to avoid crowding or overloading individual sections of the trampoline court, or other equipment.
- i) You have a duty to use the trampoline court, and other equipment, within your own limitations, training and acquired skills.
- j) You have a duty to avoid landing on the head or neck. Serious injuries, paralysis or death can occur when landing on the trampoline court bed, or elsewhere, whether involving the trampoline, other equipment, or otherwise.
- k) You also agree to follow and obey all posted and stated warnings and patron education signs.
- l) You agree to explain all safety rules to each Child you accompany, and to ensure that each Child obeys the safety rules.

NOTICE TO THE MINOR CHILD'S PARENT OR NATURAL GUARDIAN:

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF SZ AND ALL OTHER RELEASEES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM SZ AND ALL OTHER RELEASEES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND SZ AND ALL OTHER RELEASEES HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

____ (Initial Here) I have read and understood the preceding paragraph. I have had sufficient opportunity to read this document. I have read and understood and agree to be bound by its terms. I understand that employees working at the Sky Zone Facility, including the manager, do not have the authority to waive any provision of this Agreement. This Agreement constitutes and contains the entire agreement between SZ and me relating to the Child's and my use of the Sky Zone Facility. There are no other agreements, oral, written, or implied, with respect to such matters. I further agree that this Release shall be construed in accordance with the laws of the State of Florida. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby. By signing below, I represent and warrant that I am the parent, legal guardian, natural guardian or power-of-attorney of the above listed Child(ren) and have the authority to execute this Agreement on his/her or their behalf and to act on his/her or their behalf. I have read each and every paragraph in this document and I and they agree to be bound by the terms stated therein, including the release of liability contained therein. I further agree to indemnify and hold harmless the Releasees from any and all claims which are brought by or on behalf of this or these minor Child or Children, or any of them, which are in any way connected with, arise out of, or result from their use of the Sky Zone Facility. I am 18 years of age or older. I am entering this agreement on behalf of myself, my spouse or domestic partner, the Child, and our respective and/or collective issue, parents, siblings, heirs, assigns, personal representatives, estate(s), and anyone else who can claim by or through such person or persons (collectively, the "Releasing Parties").

IN SUMMARY, BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT IF I OR ANY OF MY CHILDREN ARE INJURED IN ANY WAY, THIS WAIVER PREVENTS AND PROHIBITS ANY RECOVERY OF MONEY FROM ANY SKY ZONE RELATED ENTITY.

Parent/Legal Guardian/Natural Guardian/Power of Attorney/Participant Signature (if 18 or older) Date: _____

Parent/Legal Guardian/Natural Guardian/Power of Attorney/Participant Information (if 18 or older)
Please Print Clearly Using Blue or Black Ink.

Signer First Name		Signer Last Name		Signer Birth Date	
Street Address			City	State/Province	Zip/Postal Code
Phone Number			Email Address		

Check box if you would not like to receive free email promotions and discounts to the email address provided above, I may unsubscribe from emails at any time