# 2012 National Education Association Camp NEA/Club NEA

## Washington, DC, • June 29 – July 5, 2012

This service is provided free of charge to all registered NEA attendees.

**CAMP NEA – Welcomes children ages 6 months – 9 years**. Children participate in age-appropriate activities including arts and crafts projects, active games and much more in a safe, nurturing environment.

**Club NEA – Welcomes youth ages 10 years – 16 years**, where they will have their own place to "hang out" with video games, pool table, jukebox, arts and crafts, and other fun equipment as well as movies and crafts.

**MEALS:** Parents may pre-order children's lunches and dinners on this form. NO LUNCHES WILL BE ORDERED ON-SITE.
Lunch will be served from 12-1pm and dinner will be served from 6:30pm-7:30pm. If your child is not present for the designated lunch or dinner times ACCENT will be unable to guarantee availability for your child's meal.

**NOTE:** For the safety and security of your child(ren), NEA/ACCENT has the right to refuse care to any child based on space availability and appropriateness. NEA/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.

**REGISTRATION: Register early to guarantee your space!** We will assume your child will attend during the hours registered. If your schedule changes, please let us know so that we can accommodate other children. On-site registrants will be accommodated as space and staff are available. We need as much notice as possible. We will accommodate you as best we can, based on availability. "No shows" receive no refund. This policy is to ensure proper staffing, which is in the best interest of your child(ren).

*ACCENT staff do not administer medication and any child who is ill will not be admitted to the center.*

****P L E A S E P R I N T CLEARLY**** **Registration Deadline: June 22, 2012**

| CAMP NEA<br>CLUB NEA | CAMP NEA | CLUB NEA | Check-in Time | Check-out Time | No. of Children | No. of Lunches $15 | No. of Dinners $15 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| PRE-CONFERENCE DAY<br>Friday, June 29, 2012<br>8:30AM-5:30PM | | | | | X $10.00= | | | |
| Saturday, June 30, 2012<br>8:30 AM – 5:30 PM | | | | | | | | $ |
| Sunday, July 1, 2012<br>8:30 AM – 5:30 PM | | | | | | | | $ |
| Sunday, July 1, 2012<br>6:30 PM – 10:00 PM<br>6 months – 12 years (HCR Dinner) | | | | | x $10.00 = | | | $ |
| Monday, July 2, 2012<br>6:30 AM – 6:30 PM<br>(½ hour after RA Closing) | | | | | | | | $ |
| Tuesday, July 3, 2012<br>6:30 AM – 6:30 PM<br>(½ hour after RA Closing) | | | | | | | | $ |
| Wednesday, July 4, 2012<br>6:30 AM- 6:30 PM<br>(½ hour after RA Closing) | | | | | | | | |
| Thursday, July 5, 2012<br>6:30 AM – 6:30 PM<br>(½ hour after RA Closing) | | | | | | | | $ |
| | | | | | | | **TOTAL** | **$** |

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_____Check here if your child has needs under the Americans with Disabilities Act. We will contact you.

Does your child have experience with group care? Frequently _____ Seldom_____ Never _____

Child's Name _____ Age _____ Sex _____ Birth date _____

Child's Name _____ Age _____ Sex _____ Birth date _____

Child's Name _____ Age _____ Sex _____ Birth date _____

Child's Name _____ Age _____ Sex _____ Birth date _____

Address_____City/State _____ Zip _____

Daytime Phone (_____) _____ Cell Phone (_____) _____ E-mail _____@_____

## Payment Options: US Funds Only. Make checks payable to ACCENT on Children's Arrangements, Inc.

Charge to: ☐VISA ☐MasterCard ☐American Express Card # _____ Exp. Date: _____/_____
MM / YY

☐Check Enclosed. Check # _____Make check payable to Accent on Arrangements, Inc.

**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. The child (ren) named above will be released <u>ONLY</u> to the person(s) signing this application.**

Father/Guardian Full Name _____ Signature _____

Mother/Guardian Full Name _____Signature _____

## Register Now

**✉ BY MAIL (only if paying via check)**
Accent on Arrangements, Inc.
615 Baronne Street, Ste. 303
New Orleans, LA 70113

**💻 BY INTERNET**
www.accentregister.com/register/campnea12

**QUESTIONS?**
Please call (504) 524-0188

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# Camp NEA and Club NEA Center 2012
# 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 National Education Association ("The Association") Corporate meeting in Washington, DC June 29 – July 5, 2012, as designated below, do for myself/ourselves, my/our heirs, executors, administrators and assigns, hereby release and discharge ACCENT and the Association, 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 Association 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 Association 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 Association 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 Association and ACCENT are not responsible for acts caused by the willful misconduct of the youth. 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_____

**My child(ren), 13 years or older, DOES ____ DOES NOT ____ have permission to leave the activity center on their own.

**My child(ren), 13 years or older, DOES ____ DOES NOT ____ have permission to remove his/her siblings from activity center.

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

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

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