

Parent Statement of Agreement 2021

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**Policies & Procedures
(Required):**

I have read and understand the CSA Summer Program Policies and Procedures.

Does your child have health insurance? (Required):

(Select only one option)

Yes

No

**Please add the name and phone number of your child's physician here
(Required):** _____

I have added my child's allergies (if any) to the previous rec desk form so instructors are aware.

I understand there will not be a nurse present during camps.

I understand that if I choose the wrong fee, I will be either invoiced or refunded the difference.

I understand that CSA and CSA instructors reserve the right to cancel any program if enrollment does not meet the required minimum. If the program is cancelled due to low enrollment, an alternate program will be offered or full refund (less any credit card transaction fees) issued.

I understand that if I choose to pay by credit card and a program is later cancelled either by myself or CSA, I will receive a refund per the refund policy less any credit card transaction fees.

I understand by signing this form, all of the statements made above.

Signature (Required): _____

Please use your mouse, or finger to sign this form.