



c/o Lake 'n Moor Ltd.  
5448 Apex Peakway #315  
Apex, North Carolina 27502  
(919) 815-9769  
[info@celebratemygifts.com](mailto:info@celebratemygifts.com)  
[www.celebratemygifts.com](http://www.celebratemygifts.com)

**Submit completed application in one of two ways:**

**#1)** Scan completed application (all pages) and save as a pdf file. Attach file and send to: [info@celebratemygifts.com](mailto:info@celebratemygifts.com)

Please put the child's name in the subject line with the words "CMG Quest Application" after the name.

OR

**#2)** Mail completed application to:

Celebrate My Gifts  
c/o Lake 'n Moor, Ltd.  
5448 Apex Peakway No. 315  
Apex, NC 27502

**NOTE:** At the top of most of the following pages is a section in gray.  
Do not fill in any information in these sections.  
**These are for Office Use only**

**Office Use Only**

Participant Name \_\_\_\_\_ Age Category \_\_\_\_\_

Parent(s) \_\_\_\_\_ Child Registration # \_\_\_\_\_

Emergency Contact # \_\_\_\_\_

**Celebrate My Gifts Saturday, June 29-Sunday, June 30, 2019**  
**Participant Information** (One form per participant – Copy as needed)

Last Name	First Name	Preferred Name		
Address	City	State	Zip	*Home Phone
Date of Birth	Age	(As of 3/1/2019)		Ethnicity
Participant T-Shirt Size (Circle Size)	YS	YM	YL	AS AM AL AXL

**Parent/Guardian Information**\*Required field  
 (The adult(s) listed in this section should be those in which the participant resides)

*Mother/Guardian Last Name	*First Name	*Email		
*Address	*City	*State	*Zip	
*Home	*Work	*Cell		

*Father/Guardian Last Name	*First Name	*Email		
*Address	*City	*State	*Zip	
*Home	*Work	*Cell		

**Emergency Contact and Release Information**\* Required field

Please list in order the names of individuals other than parents/guardians who are authorized to be contacted in case of an emergency/ allowed to pick up the participant. Authorized individuals must be 16 yrs or older and will be required to show a picture ID. Please print!

*1)Name	*Relationship to child		
*Address	*City	*State	*Zip
*Home	*Work	*Cell	

*Father/Guardian Last Name	*First Name	*Email
----------------------------	-------------	--------

Please check the box if you authorize staff to disclose information about the participant's behavior and other activities

*2)Name	*Relationship to child		
*Address	*City	*State	*Zip
*Home	*Work	*Cell	

*Father/Guardian Last Name	*First Name	*Email
----------------------------	-------------	--------

Please check the box if you authorize staff to disclose information about the participant's behavior and other activities

**Participant Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **#** \_\_\_\_\_

### Participant Profile

This is an optional form. This advance information of your child can be very valuable in providing guidance.

Participant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Has your child previously attended a day camp?  Yes  No If yes, where? \_\_\_\_\_

Will your child have a birthday during the event?  Yes  No Which day? \_\_\_\_\_

Does your child have any characteristics that require special attention?  Yes  No Explain \_\_\_\_\_

Are there any areas of the experience that are of special concern for you?  Yes  No Explain \_\_\_\_\_

What benefits do you expect your child will derive from the experience? \_\_\_\_\_

Is there any other pertinent information you'd like to share? \_\_\_\_\_

## Participant Behavior Expectations and Discipline Policies

At Celebrate My Gifts/Lake 'n Moor Ltd., our behavior expectations and discipline procedures are based on our core values of caring, honesty, respect, responsibility and personal growth as individuals. We believe in creating a safe, secure and fun environment where all youth have the opportunity to learn the importance of demonstrating good character. We believe that in order to do this, all youth need to know and understand the rules and expectations for appropriate behavior. We also believe that when youth do not follow the rules or when they demonstrate inappropriate behavior, we have an opportunity to help them learn from their mistakes.

Celebrate My Gifts/Lake 'n Moor Ltd. promotes behavior guidance and discipline through creating a positive environment, developing structure and clear limits, promoting social and emotional learning, reinforcing our core values and addressing challenging behavior.

Celebrate My Gifts/Lake 'n Moor Ltd. programs use five simple rules to communicate behavior expectations to the youth in our care. The purpose of these rules is to ensure the safety of our participants, volunteers, and staff to create a positive environment for all. These rules are:

1. Listen and follow directions.
2. Do what's right.
3. Keep your hands and feet to yourself.
4. Try everything and do your best.
5. Be safe and have fun!

All youth are expected to follow the rules by Celebrate My Gifts/Lake 'n Moor Ltd. for the safety of participants in the program/event. Your cooperation and support help ensure that all participants have a safe and fun experience.

Celebrate My Gifts/Lake 'n Moor Ltd. uses positive discipline which means staff members promote desired behaviors through teaching and reinforcement. Volunteers/staff will re-direct or problem solve with youth when they are not displaying desired behaviors, rather than restrict behaviors by taking away opportunities or controlling youth with fear or punishment. We believe this approach focuses on the needs of the youth and contributes positively to their overall development. Volunteers/staff shall use positive discipline, which shall include the following:

1. Communicate to youth using positive statements.
2. Encourage youth, with adult support, to use their own words and solutions to resolve interpersonal conflicts.
3. Communicate with youth by getting on their level and talking with them in a calm, quiet manner about the expected behavior.

There are times when restrictions may be necessary and will most likely be directly linked to the health, safety or well-being of the child or others. Celebrate My Gifts/Lake 'n Moor Ltd. does not allow the following behaviors:

1. Any action that could threaten the physical or emotional safety of the youth, other youth, volunteers or staff. Prohibited conduct may include, but is not limited to: abusive jokes, insults, slurs, threats, name calling or intimidation.
2. Destructive behavior.
3. Behavior that is of a habitual nature and negatively impacts the program and/or safety and enjoyment of others.
4. Behavior that is of a sexual nature.

If youth is unable to meet established behavior expectation, Celebrate My Gifts/Lake 'n Moor Ltd. will take necessary, sensible action before calling parent/guardian.

Please initial, indicating that you have read and understand the above statement.

\_\_\_\_\_  
Parent/Guardian Initials

I have read, understand and agree with all of the policies as stated in this Behavior Expectations document and I have discussed the expectations of behavior with my child. I understand that Celebrate My Gifts/Lake 'n Moor Ltd. has the authority to revoke my child's right to participate in Celebrate My Gifts/Lake 'n Moor Ltd. programs for behavior which is not in keeping with the mission of Celebrate My Gifts/Lake 'n Moor Ltd. or for failing to follow the policies/procedures of Celebrate My Gifts/Lake 'n Moor Ltd..

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Program Policies

Please read each of the following policies and initial at the bottom of each page to indicate your understanding of these policies. Policies are subject to all applicable laws.

### Waiver/Permissions

1. **Program Costs:** Program costs per girl is \$750. Due to generous community sponsors, \$650 is covered for each girl. We ask every family cover \$100 or apply for a Shining Star full or partial scholarship.
2. **Permission to Attend:** I permit my child to attend the Celebrate My Gifts/Lake 'n Moor Ltd. event Saturday June 29 and Sunday June 30, 2019 under the supervision of the Celebrate My Gifts volunteers/Lake 'n Moor Ltd. staff.
3. **Photography/Audio:** I give Celebrate My Gifts/Lake 'n Moor Ltd. and its volunteers and staff permission to use for any lawful purpose my and/or my child's likeness, image, voice and /or appearance as such may be embodied in any pictures, drawings, renderings, photographs, video recordings, audiotapes, digital images or the like, with the understanding that Celebrate My Gifts/Lake 'n Moor Ltd. will not publish my child's name.  
I agree that Celebrate My Gifts/Lake 'n Moor Ltd. has complete ownership of such pictures, etc., including but not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements and any promotional or educational materials in any medium now known or later developed, including but not limited to the internet, television, radio, newspapers, magazines, social media sites (e.g. Facebook, Twitter, Instagram, Snapchat, blogs, etc.), and or Celebrate My Gifts/Lake 'n Moor Ltd. audio, print, or internet publications. I also agree that Celebrate My Gifts/Lake 'n Moor Ltd. has permission to release such pictures etc. to the news media. I acknowledge that I will not receive any compensation or remuneration for the use of such pictures etc. I understand that once such pictures, etc. are published to the media or on the internet or are otherwise published, they may be used in publication and/or on websites outside of Celebrate My Gifts/Lake 'n Moor Ltd..
4. **Transportation:** No transportation will be provided by Celebrate My Gifts/Lake 'n Moor Ltd. to or from events. In case of any emergency where parents/guardians cannot be reached, an ambulance will be called for medical emergencies. Celebrate My Gifts/Lake 'n Moor Ltd. will not be responsible for paying for emergency transportation.
5. **Program Communication Policy:** I hereby give permission for my participant to communicate via email, web-based communication (such as Snapchat, Facebook, etc.) and phone (including cell phone, text message and images) with Celebrate My Gifts/Lake 'n Moor Ltd. volunteers and staff. I understand that my child and the staff and volunteers may be communicating about the program information and other information while not supervised by Celebrate My Gifts/Lake 'n Moor Ltd. volunteers and staff. I release and hold harmless Celebrate My Gifts/Lake 'n Moor Ltd. from any legal claims or liability related to such communication via email, web-based communications or phone.

### Program Policies

6. **Babysitting Policy:** Celebrate My Gifts/Lake 'n Moor Ltd. strives to screen and employ the very best volunteer and staff possible in all programs. During time off or after they are no longer employed with Celebrate My Gifts/Lake 'n Moor Ltd., these persons are private citizens and are no longer subject to our organization's rules and procedures. Celebrate My Gifts/Lake 'n Moor Ltd. cannot and does not endorse or recommend its present or former staff members as babysitters to any parent or guardian or any child in our programs. Any babysitting arrangements with present or former staff of Celebrate My Gifts/Lake 'n Moor Ltd. is separate and independent from any Celebrate My Gifts/Lake 'n Moor Ltd. programs and must be based on independent investigations, responsibility and judgement of the parent/guardian. I agree that Celebrate My Gifts/Lake 'n Moor Ltd. shall not be responsible and will be held harmless from any claims or liability relating to such babysitting activities.
7. **Indemnity:** I understand that Celebrate My Gifts/Lake 'n Moor Ltd. activities have inherent risks, and I hereby assume all risks and hazards incident to my participation/my child's participation in all Celebrate My Gifts/Lake 'n Moor Ltd. activities, and recreation activities provided by third party vendors. I further waive, release, absolve, indemnify and agree to hold harmless Celebrate My Gifts/Lake 'n Moor Ltd. and its employees, organizers, volunteers, vendors, supervisors, officers, directors, participants, as well as all persons or parents transporting participants to and from activities, from any legal claims, liabilities, damages, and costs for any physical injury or damage to my personal property sustained during my use of Celebrate My Gifts/Lake 'n Moor Ltd. property and/or my participation/my child's participation in Celebrate My Gifts/Lake 'n Moor Ltd. activities.
8. These Terms and Conditions will be governed and be interpreted pursuant to the laws of the State of North Carolina, United States of America, excluding its conflicts of law rules. You expressly agree that the exclusive jurisdiction for any claim or action arising out of or relating to these Terms and Conditions or your use of this site shall be filed only in the federal courts located in North Carolina. If any part of these Terms and Conditions is unlawful, void, or unenforceable, that part will be deemed severable and will not affect the validity and enforceability of any remaining provisions.
9. I understand that Celebrate My Gifts/Lake 'n Moor Ltd. is not responsible for any **personal items** lost or stolen at or during its programs.
10. **Inclement Weather:** I understand that programs are not available when local leaders/emergency personnel strongly suggest staying off the roads due to inclement weather.
11. **Cell Phones:** I understand that cell phones are prohibited in activities and will be confiscated if used during activities.

*Please check and initial here. Parent/Guardian initials that this page has been read and understood.*

## Payment Policies

I understand policies concerning payment, scholarship guidelines, cancellation and refunds. I may not register my child for a new program until outstanding balances due on past programs at any Celebrate My Gifts/Lake 'n Moor Ltd. location are paid.

12. Programs are required to be paid, in advance and in full. A limited number of partial or full scholarships are available.
13. **Payment:** Payment is due at time of registration and submittal of parental/guardian forms.
14. **Scholarships:** Celebrate My Gifts/Lake 'n Moor Ltd. recognizes that some participants may need financial assistance to have the opportunity to participate in our programs. We encourage any family who needs a Shining Star Scholarship to apply for a partial scholarship. Requests for scholarships need to be made as soon as possible, but no later than by **May 1, 2019**. We cannot guarantee you will receive any scholarship money, however we will make every effort to honor your request as long as scholarship funds are available. Please see the next page for the Shining Star Scholarship Application. For additional information please call (919) 815-9769. Shining Star Scholarship Applications can be submitted to [info@celebratemygifts.com](mailto:info@celebratemygifts.com) or mailed to: Celebrate My Gifts c/o Lake 'n Moor Ltd., 5448 Apex Peakway #315, Apex, North Carolina 27502.
15. **Insufficient Funds** If my financial institution returns a draft or check, due to insufficient funds, I understand that I will be charged a \$35 for a returned draft or check payment that is returned. Celebrate My Gifts/Lake 'n Moor Ltd. will attempt to collect returned drafts the next draft date. Celebrate My Gifts/Lake 'n Moor Ltd. draft schedule is based on accounting office's schedule, which is subject to change. Celebrate My Gifts/Lake 'n Moor Ltd. will attempt to collect payment on each draft date until payment is successfully received; however, the returned payment fee is charged on the original attempt only. **If I have two returned drafts or checks within a six-month period, I will no longer have the draft privilege and will be required to pay in a different manner. I understand it is my responsibility to contact Celebrate My Gifts/Lake 'n Moor Ltd. to resolve any inquiries or issues with my credit or debit card or check payment.**
16. **Cancellation:** Refunds will be given under the following circumstances. Requests may be emailed to [info@celebratemygifts.com](mailto:info@celebratemygifts.com) or mailed to Celebrate My Gifts c/o Lake 'n Moor Ltd., 5448 Apex Peakway #315, Apex, North Carolina 27502.
  - a. **Cancellation requests received in writing 14 days prior to the start date of the program will be granted a 100% refund of monies paid on behalf of participant, excluding scholarship funds. Refund checks will be issued within 30 days of receipt of cancellation notice.**
  - b. **We will provide a full refund for cancellations within two weeks of the program start date if another child can take the slot. If a new applicant or one on a waiting list meets the event requirements and is accepted into the program, a full refund will be issued within 30 days of receipt of cancellation. We will make every attempt to accommodate this situation.**
17. **Refunds:** I understand that nonattendance does not entitle me to a refund. I must give a two-week written notice requesting a refund. I understand that no refunds or adjustments are granted for illness, vacation, or when Celebrate My Gifts/Lake 'n Moor Ltd. programs are cancelled due acts of God or terrorism. All refunds or program credits given for other reasons are issued on a case by case basis. I understand Celebrate My Gifts/Lake 'n Moor Ltd. reserves the right to apply any credit due to other outstanding balances if applicable. Refunds are issued within 30 days of receipt of cancellation. Program payment is not transferrable from one Celebrate My Gifts/Lake 'n Moor Ltd. program to another nor from one of Lake 'n Moor Ltd.'s other programs to another without approval from Lake 'n Moor Ltd. Management.

*Please check and initial here. Parent/Guardian initials that this page has been read and understood.*

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ # \_\_\_\_\_



### Shining Star Scholarship Application

While we do not guarantee scholarships, the Scholarship Committee will make every attempt to assist.

I request a partial scholarship.

This is the amount my family can contribute: \$ \_\_\_\_\_

Please share with us why you are requesting a scholarship:

### Health History/Medical Treatment Policies

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Celebrate My Gifts/Lake 'n Moor Ltd. strives to provide positive experiences for children with various needs whenever possible. However, Celebrate My Gifts/Lake 'n Moor Ltd. does not provide programs that are rehabilitative or therapeutic in nature, and does not specialize in serving children with special needs, including children with emotional, social, or behavioral difficulties. Please provide information regarding your child below. It is important to determine if Celebrate My Gifts/Lake 'n Moor Ltd. events are appropriate for your child. Failure to provide this information will result in an automatic denial of acceptance into any program/event.

1. **Medication:** Celebrate My Gifts/Lake 'n Moor Ltd. does not normally administer any medication and will do so ONLY when directed in writing by the child's parent or guardian. If your child must bring medication to the event (prescription meds, over-the-counter meds, or vitamins), please place your child's medication in a clear plastic zip lock baggie, *in the original prescription container*, labeled with your child's name, birth date, YOUR emergency phone number, and instructions for dispensing medication. Please do NOT send gummy types of vitamins/pills.  **Please check here & initial if your child WILL need to bring medication.**

2. **Health Questionnaire:**  
Is your child **currently taking prescribed medication** for a **chronic or ongoing illness or condition**, such as Asthma, Attention Deficit Hyperactivity Disorder, Diabetes, etc.?  Yes  No Explain the condition(s) here & use following page to list medications for self or assisted administration of medication.

Does your child have any **allergies** that cause a severe reaction, such as anaphylaxis or difficulty breathing?  Yes  No Explain \_\_\_\_\_

Does your child have any special dietary restrictions?  Yes  No Explain \_\_\_\_\_

Is your daughter menstruating?  Yes  No If not, has she been told what to expect?  Yes  No

Name of licensed family physician/office number \_\_\_\_\_

3. **Bloodborne Pathogen Exposure:** I understand that, while my child is in the care of Celebrate My Gifts/Lake 'n Moor Ltd., if a child is exposed to a body fluid on broken skin or mucous membrane (e.g. splashing in mouth or eye) from another child, Celebrate My Gifts/Lake 'n Moor Ltd. will contact the parents/guardians of both children. They will explain what has occurred, and provide the name of the attending nurse/physician of the source child to parents of the exposed child. If a volunteer/staff member has a blood or body fluid exposure from a child, the Celebrate My Gifts/Lake 'n Moor Ltd. will provide name/number of the child's attending physician to the volunteer/staff member. I have read and agree with the statement and specifically authorize Celebrate My Gifts/Lake 'n Moor Ltd. to release the name / number of my child's physician and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or to any volunteer/staff members who experiences such an exposure from my child.

4. If participant has an allergy that could result in anaphylaxis (example tree nut or bee allergy), please note that we strongly encourage providing your child with an Epi-pen to keep at the event site.

**Please check here & initial** to verify that you will NOT be providing your child with an Epi-pen for the allergy of \_\_\_\_\_ and that you understand the risks of not doing so, and that you release Celebrate My Gifts/Lake 'n Moor Ltd. from any and all liability regarding treatment of your child in the event of a life threatening allergic reaction. In the event of a life threatening allergic reaction, program volunteers/staff will immediately dial 911. We do not have Epi-pens on site available for use.

5. **Emergency:** In the event of an emergency, in which the parent/guardian or other emergency contacts cannot be reached, Celebrate My Gifts/Lake 'n Moor Ltd. has my permission to contact emergency medical personnel to transport my child to the hospital or have the nurse/doctor on the premises administer medical treatment to take those actions that are in Celebrate My Gifts/Lake 'n Moor Ltd.'s judgement to be in the best interests of my child.

Only medications that are medically necessary and cannot be scheduled outside of the hours of the program will be given during the program. No program participant should be in possession of prescription or non-prescription medication of ANY kind without the knowledge of the program volunteers/staff. Any participant who must receive medication during the program MUST have on file the appropriate signed medication form PRIOR to attending the program.

Health history information will be handled by Celebrate My Gifts/Lake 'n Moor Ltd. staff/volunteers who have a legitimate need to know as mandated by federal law.

This health history is correct, and my child has permission to engage in all activities.

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



**NAME OF MEDICATION:** (print)  
\_\_\_\_\_

CHECK  ALL BOXES THAT APPLY TO THIS MEDICATION  
 Prescription medication.  
 Over-the-counter medication or  Vitamin.  
 Taken on a routine basis.  Taken on an as-needed basis.  
 Prescribed for a chronic illness or condition.  
 EpiPen held on person.  Inhaler held on person.  
STAFF ONLY:  The use (or non-use) of this med could impair my ability to perform essential functions of my job.

Complete below as per original container's label:

Dosage: \_\_\_\_\_  
Frequency: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Purpose: \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

**NAME OF MEDICATION:** (print)  
\_\_\_\_\_

CHECK  ALL BOXES THAT APPLY TO THIS MEDICATION  
 Prescription medication.  
 Over-the-counter medication or  Vitamin.  
 Taken on a routine basis.  Taken on an as-needed basis.  
 Prescribed for a chronic illness or condition.  
 EpiPen held on person.  Inhaler held on person.  
STAFF ONLY:  The use (or non-use) of this med could impair my ability to perform essential functions of my job.

Complete below as per original container's label:

Dosage: \_\_\_\_\_  
Frequency: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Purpose: \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

**NAME OF MEDICATION:** (print)  
\_\_\_\_\_

CHECK  ALL BOXES THAT APPLY TO THIS MEDICATION  
 Prescription medication.  
 Over-the-counter medication or  Vitamin.  
 Taken on a routine basis.  Taken on an as-needed basis.  
 Prescribed for a chronic illness or condition.  
 EpiPen held on person.  Inhaler held on person.  
STAFF ONLY:  The use (or non-use) of this med could impair my ability to perform essential functions of my job.

Complete below as per original container's label:

Dosage: \_\_\_\_\_  
Frequency: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Purpose: \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

**NAME OF MEDICATION:** (print)  
\_\_\_\_\_

CHECK  ALL BOXES THAT APPLY TO THIS MEDICATION  
 Prescription medication.  
 Over-the-counter medication or  Vitamin.  
 Taken on a routine basis.  Taken on an as-needed basis.  
 Prescribed for a chronic illness or condition.  
 EpiPen held on person.  Inhaler held on person.  
STAFF ONLY:  The use (or non-use) of this med could impair my ability to perform essential functions of my job.

Complete below as per original container's label:

Dosage: \_\_\_\_\_  
Frequency: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Purpose: \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

Make copies of this page as needed to complete the medication requirements of the participant.

**My child takes no form of medication, vitamin, or supplement of any kind.**

*Please check and initial here. Parent/Guardian initials that this page has been read and understood.*

