



# 2022 SUMMER CAMP REGISTRATION



CAMPER NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ T-SHIRT SIZE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### CAMP SESSION: CIRCLE ONE

JUNE 20-24      JULY 18-22      AUG. 8-12

### TUITION:

\$250 PER WEEK, \$75 NON-REFUNDABLE DEPOSIT DUE AT TIME OF REGISTRATION. REMAINING BALANCE TO BE PAID NO LATER THAN 1 WEEK BEFORE CAMP.

#### GUARDIAN 1:

#### GUARDIAN 2:

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE 1: \_\_\_\_\_

PHONE 1: \_\_\_\_\_

PHONE 2: \_\_\_\_\_

PHONE 2: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

#### EMERGENCY CONTACT:

##### PRIMARY

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATION: \_\_\_\_\_

ALT. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATION: \_\_\_\_\_

DOCTOR NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

DENTIST NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

#### PLEASE LIST ALL PERSONS PERMITTED TO CHECK-OUT YOUR CHILD UPON DISSMISSAL:

\_\_\_\_\_

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above to attend the camp. In order that my child may receive the proper medical treatment in the event that he/she may sustain injury or illness during camp, I hereby authorize the camp staff to obtain or provide medical treatment for my child for such injury or illness during camp, and I hereby hold the camp staff and sponsoring organization/s, as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my child may sustain physical illness or injury while at the camp. If this occurs, I hereby authorize the camp staff and representatives to refer my child to a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills and costs that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during camp.

Understanding that there is always a possibility that my child may sustain physical illness or injury, I acknowledge and understand that my child is assuming the risk of such physical illness or injury by his/her participation, and I further release the sponsoring organization and its representatives from any claims for personal illness or injury that my child may sustain during camp. I further acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of the camp.

I, \_\_\_ DO GIVE, \_\_\_ DO NOT GIVE, MY PERMISSION TO PHOTOGRAPH/VIDEO MY CHILD WHILE ATTENDING CAMP. BY GRANTING PERMISSION, I UNDERSTAND THAT SUCH PHOTOS/VIDEOS MAY BE USED FOR PROMOTIONAL PURPOSES. \_\_\_\_\_ INITIAL

PARENT/GUARDIAN NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_