

SUMMER ADVENTURE CAMP REGISTRATION FORM-PAGE 1

Camper's Name: _____

Last First Nickname

Address: _____ City: _____ State: _____ Zip Code: _____

Camper's Date of Birth: ____/____/____ Age: ____ M ____ F Home Phone #: _____

T-Shirt Size: y/s (6-8) y/m (10-12) y/l (14-16) a/s a/m a/l a/xl

Please indicate the days your child will be attending by placing an 'X' in the appropriate boxes.

*****REGISTRATION MUST BE FOR A MINIMUM OF THREE DAYS PER WEEK.*****

	Mon	Tue	Wed	Thu	Fri	Before Care	After Care	Total Fees:
June 14-18						Yes No	Yes No	
June 21-21						Yes No	Yes No	
June 28-July 2						Yes No	Yes No	
July 6-9 (no camp July 5)						Yes No	Yes No	
July 12-16						Yes No	Yes No	
July 19-23						Yes No	Yes No	
July 26-30						Yes No	Yes No	
August 2-6						Yes No	Yes No	
August 9-13						Yes No	Yes No	

Does your child have any allergies? ____ No ____ Yes, please specify: _____

Does your child have any physical or mental condition that might require special consideration or attention?
____ No ____ Yes, please specify: _____

Is your child currently on any medication? ____ No ____ Yes, please specify: _____

Will your child need medication during camp hours? ____ No ____ Yes: **If yes, you must contact the Parks & Recreation Office for a Medication Authorization Form.**

Do you give permission for Parks & Recreation Staff to apply sunscreen to your child? ____ Yes ____ No
Note: Parent must provide sunscreen.

Do you give permission for Parks & Recreation Staff to apply bug spray to your child? ____ Yes ____ No
Note: Parent must provide bug spray.

Fee for first week your child is attending (please include before/after care fee): \$ _____

Number of additional weeks your child will be attending: ____ x \$10/week = \$ _____

Total Due at Registration: \$ _____

Amount Enclosed:

For Office Use Only:

Date Registration Received: ____/____/____ Amount Received at Registration: \$ _____

Cash: ____ Check #: _____ Credit Card: _____ GL Date: ____/____/____

Wkl File: ____ by ____ on ____/____/____ Cmpr File: ____ by ____ on ____/____/____

SUMMER ADVENTURE CAMP REGISTRATION FORM-PAGE 2

Camper's Name: _____ **Date of Birth:** ____/____/____

Parent/Legal Guardian: _____ **Relationship:** _____
Last First

Home Phone #: _____ **Work #:** _____ **Cell #:** _____

Parent/Legal Guardian: _____ **Relationship:** _____
Last First

Home Phone #: _____ **Work #:** _____ **Cell #:** _____

Emergency Contacts:

In case of emergency, if parent/legal guardian(s) cannot be reached, please provide alternate contacts.

Name	Relationship	Home Phone #	Work Phone #	Cell Phone #

Pick-Up Authorization:

Please list all individuals, **INCLUDING PARENT/LEGAL GUARDIAN**, who are authorized to pick up your child from camp. Please print name as it appears on Photo Identification.

Name	Relationship	Name	Relationship
1.		4.	
2.		5.	
3.		6.	

Emergency Release Waiver

The undersigned, as parent/guardian of _____ hereby authorize the Town of Elkton Parks & Recreation Department and the nearest hospital to provide and render necessary medical care and treatment of the aforesaid child of any illness or injury, which child may suffer at any time while in their custody. It is understood that time permitting, specific permission of the parent/guardian will be secured in the event of any medical treatment or surgery is to be undertaken, but that, should an emergency arise, this authorization and consent will cover such event. Also, I (we) hereby accept responsibility for an accident which may occur in connection with this recreation activity, hold harmless the Town of Elkton, and all other parties involved in the promotion and/or conducting of the above named activity. As well, I (we) understand that the Town of Elkton provides NO medical insurance coverage for this activity. I give permission for myself and/or my child to be photographed while participating and/or attending a Parks & Recreation activity. I understand that photos may be used in future publicity.

Signature of Parent/Guardian _____ **Date** _____

By signing below, I, _____, am confirming that I am the parent or legal guardian of the
Please print adult name

aforementioned child(ren). I am also verifying that the information contained on this page is accurate. I understand that my child may be released to any one of the individuals listed above that are authorized to pick up my child from this program. I also understand that if I wish to change any information on this form that I must provide a written notice and/or complete another form.

Signature of Parent or Guardian

Date