



Champ Kidz Summer Camp Registration Form

Summer Camp Dates: June 25, 2018 - August 24, 2018

Participant (camper) Registration: * T-SHIRT SIZE _____

Name _____ Age at camp _____

Address _____

Birth date: _____ Gender: M F Grade Next Fall: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Parent/Guardian Information:

Relationship to camper: _____

Name _____

Address _____

E-mail: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ Alternate: (____) _____

Individual Name(s) who can also pick up your child:

_____ Relationship: _____

_____ Relationship: _____

Emergency Contact Person:

_____ Relationship: _____ Phone
number _____

_____ Relationship: _____ Phone
number _____

Please check off which week(s) your child will be attending. When totaling the camp sessions, be sure to include the registration fee.

Registration fee - \$50 per child

Camp fee - \$110 per week per child (price includes all trips-movies, swimming & enrichment)

Before Care = \$25.00 per child per week - \$7.00 per day

After Care = \$30.00 per child per week - \$10.00 per day

** Multiple child discount on Week Cost (i.e. child #1=\$110, child #2=\$85, child #3=\$75, child #4 & on=75)*

** There is no multiple child discounts for Registration fees.*

	Camp Cost	Attending	Before Care	After Care	Subtotal
Registration Fee	\$50				\$50
Week 1 – June 25	\$110		\$25	\$30	
Week 2 - July 2	\$110		\$25	\$30	
Week 3 – July 9	\$110		\$25	\$30	
Week 4 – July 16	\$110		\$25	\$30	
Week 5 – July 23	\$110		\$25	\$30	
Week 6 - July 30	\$110		\$25	\$30	
Week 7 – August 8	\$110		\$25	\$30	
Week 8 - August 13	\$110		\$25	\$30	
Week 9 – August 20	\$110		\$25	\$30	
Total					
Balance Due					

SPECIAL NEEDS (medical, social, emotional, behavioral, language, dietary): _____

Have the camper initial these boxes below.

I understand that there will be players of various skill levels at camp.

My behavior, attitude, and speech will be respectful of both campers and adults.

I understand that campers are to follow the rules of the camp at all times.

I understand that dangerous behavior, endangering camp members, or repeated breaking of the rules may result in my being sent home with no refund.

Deposit of \$50 per camper

The deposit is a down payment and is considered non-refundable.

Payment Information: Cash (*preferred*) Money Order/Check Credit Card

Make checks payable to: Champ Kidz

Credit Card: Type: _____ # _____ Exp. _____

Child's Health History ~ Parent's Report

Child's Name: _____

Parent/Guardian Information:

Mother: _____

Address _____

Home Phone: (____) _____ Work Phone: (____) _____

Father: _____

Address _____

Home Phone: (____) _____ Work Phone: (____) _____

Past Illnesses and vaccinations ~ Check all that apply and give dates.

	Dates:		Dates:
Chicken Pox	_____	Rheumatic Fever	_____
Red Measles	_____	Whooping Cough	_____
German Measles	_____	Tetanus	_____
Mumps	_____		

My child is up to date on their immunizations: Yes No

If no, please explain: _____

Current or recurrent illnesses:

Asthma Epilepsy Kidney problems
Hay fever Heart problems Neurological problems
Diabetes Lung problems Enuresis (bed wetting)

Is your child currently being treated for any medical condition? If so, please give details:

Is your child taking any medications? If so, please specify medication, dose, schedule, and any special instructions:

For the safety of all the campers, medications will be dispensed by the staff.

Champ Kidz Summer Camp Medical Insurance Form

Summer Camp ~

Medical Insurance Information:

Medical Insurance Company: _____

Group Name: _____ Group Policy #: _____ Plan Code: _

Policy Holder's Name: _____

Family Physician: _____

Family Physician phone number: _____

Medication(s) needed: _____

Known allergies: _____

(Medicines, food, bee stings, other insect or plant reactions, etc.)

Other medical issues: _____

Parent Authorization ~ Please Sign

The Champ Kidz Summer Camp has my permission to provide routine non-surgical medical care. In the event of a medical emergency, if I cannot be reached, I hereby give permission to the physician or clinic selected by the camp director or his agent, to transport, hospitalize, secure proper treatment for my child as named herein. I also understand that I am responsible for costs incurred on behalf of my child relating to accident or illness when treated outside of camp. Camp cannot be responsible for any injuries received by campers while engaged in camp activities or any unorganized play, beyond assurance that injury will receive prompt professional care by a medical professional as deemed by the camp director.

Signature of Parent or Guardian

Date

Champ Kidz Summer Camp Release of All Claims

Summer Camp ~

The undersigned, _____, legal guardian of _____, hereby releases and forever discharges the Champ Kidz Summer Camp , the Champ Kidz Summer Camp staff or agents of all claims, actions, damages, claims of injury, property damages, costs, expenses and compensation whatsoever, which the above-named child may have now or in the future, which may be related to activities and its agents related to the Champ Kidz Summer Camp.

Signature of Parent or Guardian

Date

