



## 2019 Summer Camp Registration Form

**Payment is required to reserve your child's spot the desired sessions**

For more information call: MLK Center 341-7866 or Maides Park 341-7867

**NOTE: Copy of Birth Certificate is required.**

**Derrick Davis Center @ Maides Park** 9 am-1 pm Ages: 5-11 Cost: \$15/week

June 17-21  June 24-28  July 8-12  July 15-19  July 22-26

July 29 - Aug 2  August 5-9  August 12-16

**Martin Luther King Center** 7:45 am -5:30 pm Cost: \$25/week Ages: 8 - 12

June 24-28  July 8-12  July 15-19  July 22-26

July 29 - Aug. 2  August 5-9  August. 12-16

**Teen Camp @ Martin Luther King Center** 7:45 am -5:30 pm Cost: \$25/week Ages: 13-14

June 24-28  July 8-12  July 15-19  July 22-26

July 29 - Aug. 2  August 5-9  August 12-16

Child's Name: \_\_\_\_\_  Boy  Girl Age: \_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

T-shirt size:  Youth Small  Youth Medium  Youth Large  
 Adult Small  Adult Medium  Adult Large  Adult X-Large

Does your child swim?

Yes  No To what extent?  Beginner  Intermediate  Advanced

Parent/Guardian Name: \_\_\_\_\_ Home/Cell phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home/Cell phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Names and ages of other children in your family who are or will be enrolled in program:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Other than the child's parents or guardian, who is authorized to pick up the child? Only persons over the age of 18, authorized in writing by the parent/guardian may pick up a child. Please note that a photo ID is required at time of pick up.

Name: \_\_\_\_\_ Work phone \_\_\_\_\_ Home/Cell phone \_\_\_\_\_  
Name: \_\_\_\_\_ Work phone \_\_\_\_\_ Home/Cell phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Work phone \_\_\_\_\_ Home/Cell phone: \_\_\_\_\_

List any limitations to program activities:

\_\_\_\_\_  
\_\_\_\_\_

Does child have or had allergies?  Yes  No

If yes, please specify: \_\_\_\_\_

Does child have or had seizures?  Yes  No If yes, please specify \_\_\_\_\_

Type of seizure \_\_\_\_\_ Frequency \_\_\_\_\_

List any medications presently being taken by the child that are prescribed by a physician:

Medication \_\_\_\_\_ for \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

Medication \_\_\_\_\_ for \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

### Emergency Notification

Please identify persons to notify if the parent or guardian of the child cannot be contacted in case of an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Business phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Business phone \_\_\_\_\_

Cell phone \_\_\_\_\_

**Please Check on box for each question and sign where indicated.**

My child will be walking **to** the program on a regular basis. Yes  No

My child will be walking **from** the program on a regular basis. Yes  No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parents please initial next to the statement and sign below:**

\_\_\_\_\_ *By signing this form I understand and agree to abide by all policies including disciplinary actions that is contained in the parent information packet prior to attending camp.*

\_\_\_\_\_ *I understand that no refunds will be issued. Household credit will be issued for certain circumstances. Please see parent handbook for additional information.*

**Parent/Guardian Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR STAFF USE ONLY**

Date t-shirt issued: \_\_\_\_\_

Date Birth Certificate Received: \_\_\_\_\_

**Late Pick Up Record**

Date \_\_\_\_\_ Time \_\_\_\_\_ Comments \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Comments \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Comments \_\_\_\_\_

Other

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## SUMMER CAMP WAIVER

Please initial next to each statement and sign at the bottom

\_\_\_\_\_ I understand no refunds will be issued/household credit will be issued

\_\_\_\_\_ I understand photo/video may be taken of camp Read the photo policy

\_\_\_\_\_ I understand that my child must participate in all activities provided

\_\_\_\_\_ I understand my child must follow behavior management rules and follow from directions from staff and youth counselors.

\_\_\_\_\_ I understand that if my child doesn't adhere to rules there will be disciplinary actions which may include no field trip (child can't attend camp the day of the trip), suspension or sitting out activities such as pool time.

\_\_\_\_\_ I understand that all camp participants must be signed by 9:30 a.m. at either location.

\_\_\_\_\_ I understand that my child cannot be dropped off or picked up from offsite locations such as field trips and other activities.

\_\_\_\_\_ I understand that one t-shirt will be provided to my child for camp. Participant must wear camp t-shirts on ALL field trips. Any replacement t-shirt will cost \$10.

Camper's Name: \_\_\_\_\_

Parent's Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Questions:?

Maides Park – 341.7867 or 341.0096

MLK Center – 341.7866 or 341.0056