

Summer Day Camp Registration & Parent Permission Form

June 17 - August 9, 2019 (7 am - 4:30 pm) Emanuel Lutheran Church

| Today's Date: | | Activity: Summer Day Camp | | | |
|--|------------------|---------------------------|---|---------------------|------------|
| CAMPER INFORMATION | | | | | |
| Camper's Last Name: | First: | Middle: | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Phone: | |
| Street Address: | City/State: | Zipcode: | Municipality: | Age: | Birthdate: |
| School & Grade: | Parent/Guardian: | Email: | | | |
| EMERGENCY INFORMATION | | | | | |
| Other adult to contact in case of emergency: | | | Phone: | Preferred Hospital: | |
| Other adults able to pick up your child(ren) & contact: | | | | | |
| Name: | | | Name: | | |
| Phone: | | | Phone: | | |
| Family Doctor: | | | Phone: | | |
| Please list allergies (especially to insect bites/stings and foods), along w/instructions for treatment: | | | | | |

I freely and willfully, without coercion or pressure of any kind, give permission for my son/daughter to participate in the above Windsor Area Recreation Commission Program. I understand that the activities in the program may involve certain risks of injury, including fractures, brain injuries, paralysis or possible death. I voluntarily release and hold harmless the Windsor Area Recreation Commission, the Windsor Area Recreation Commission board, Windsor Township and Borough, the respective supervisors, employees, and volunteers, from any claim for personal injury or damage during my child's association with this activity. I also give permission for my child's picture to be used for promotional purposes. I understand that I will not receive a refund for the program, unless it is cancelled by WARC, after May 31, 2019 unless a replacement camper can be found.

In the event of an injury to my child in my absence, I hereby give my permission and consent for my child to receive emergency medical treatment by an attending physician, paramedic, or emergency services personnel that is deemed necessary for the health and well-being of my child, including being sent and admitted to the nearest hospital for emergency medical treatment. The Windsor Area Recreation Commission does NOT provide health-medical insurance.

Signature of Parent/Guardian _____ Date _____

Program Participation:

- Please make all checks payable to: WARC (Note: there is a \$20 fee for all returned checks), 1480 Windsor Rd., Red Lion, PA 17356
- The cost for the program is \$660 for residents of Windsor Township and Windsor Borough and \$670 for non-residents. Cost includes: sports, crafts, group activities, guest speakers, indoor and outdoor activities, free time, and all field trips and transportation fees. Morning snack is also provided by WARC.
- **No refunds will be issued after May 31, 2019 unless a replacement camper can be found.**
- Disciplinary policies and procedures regarding both parents and participants are on file at the WARC office. No refunds will be granted to parents whose children are dismissed from the program due to disciplinary issues. Parents will receive a copy of the disciplinary policies and procedures in the Parent Handbook.
- Cost of program does not include lunch. Parents are to send along a packed lunch (non-microwaveable) with their child.
- Payment plans are available by contacting WARC at 244-3512. Parents must pay half of the registration cost at the time of registering-\$330 R or \$335 NR.
- Parents may enroll additional siblings and receive \$15.00 off each additional sibling.
- **Please be sure to pick-up a Parent Handbook with detailed information on each field trip and daily program activities after May 15, 2019.** The Parent Handbook has a policies and procedures form all parents must fill out and return prior to the first day of camp, along with a behavior standard pledge that all parents and their child must fill out and return prior to the first day of camp.

Registration Fees:

Resident of: Windsor Township Windsor Borough Other
 Payment method: Cash Check # _____ Visa Mastercard

| | |
|---|----------|
| Resident (Windsor Township/Windsor Borough) | \$680.00 |
| Non-Resident | \$690.00 |

Paid Amount: _____ Date: _____ Received by: _____
 Amount Owed by May 1, 2019: _____ Date: _____ Received by: _____
 Amount Owed by May 31, 2019: _____ Date: _____ Received by: _____
 Acct # _____ - _____ - _____ Exp. Date ____/____/____

Cardholder Name _____ Signature _____