

CAMP FEES (Please initial)

Weekly Fee: \$75/Residents
\$90/Non Residents

Late Pick Up: Campers who are not picked up by 3:15 p.m. will be placed in Enchanted Afternoons where a \$10 fee will be added. Campers not picked up from Enchanted Afternoons by 6 p.m. will pay an additional \$1 fee per camper per minute late.

Guardian Initials: _____

Camp Shirt Size (circle one):
YS YM YL AS AM

Camper's Name _____ Nickname _____

Date of Birth _____ Age in June _____ Gender _____

School _____ Last Grade Completed in June _____

Does your camper have any physical condition or disability, which we should be aware of? **Y N**

If yes, Please explain: _____

Does your camper have any allergies? **Y N**

If yes, please explain: _____

Does your camper need to take medication during camp hours? **Y N**

If yes, please list: _____

(Our medication procedure must be followed if campers receive medication at camp)

Are there any other behavior situations that we should be aware of? **Y N**

If yes, please explain: _____

Camper's Home Address: _____

City, State, Zip: _____

***Weekly newsletters are sent to parents to keep them informed. Please make sure to include email address.**

Guardian 1

Name: _____ **Email:** _____

Address: _____

City, State, Zip: _____

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

Guardian 2

Name: _____ **Email:** _____

Address: _____

City, State, Zip: _____

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

Emergency Contact– Please Do Not list Yourself

Name: _____ **Relation to Camper:** _____ **Phone:** (____) _____

Name: _____ **Relation to Camper:** _____ **Phone:** (____) _____

Persons Authorized to Pick-Up Camper

The following people are authorized to Pick Up my camper from Imagination Station. Campers **will not** be released to any person not on the following pick-up list. If you need a special arrangement for one day please send a note with your camper that day or email Kate at kwhaley@richmondheights.org

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

Each person must present a valid drivers license for pick-up. NO EXCEPTIONS!

Persons NOT Authorized to Pick-Up Camper

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Appropriate custody paperwork must be attached if a parent is not allowed to pick up a camper.

Group my camper with these friends:
(This is not a guaranteed request)

Special Arrangements

Walk Home: ___yes ___no

Authorization For Emergency Medical Care

In case of an accident or illness, if I (we) cannot be reached to make necessary arrangements, I (we) hereby authorize PARC Staff to contact the local Paramedics for transportation to the nearest hospital.

Field Trip Permission Release

I hereby give permission for my camper to attend all day camp field trips as part of PARC 2017 Imagination Station day camp program. Transportation type is the PARC bus or a school bus.

Release For Participant By Parent

In consideration of your accepting either my child's entry, I hereby, for myself, for my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages my child may have against the City and its representatives, successors and assigns for any and all injuries suffered by my child at any activity sponsored by these groups.

Signature of Parent/Guardian: _____ Date: _____