

Imagination Station Camp Registration Form 2019

CAMP LATE FEES (Please initial)

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 \$10 and \$1 fee per camper per minute late.

Guardian Initials: _____

Camper's Name _____ Nickname _____

Date of Birth _____ Age in June _____ Gender _____

School _____ Last Grade Completed in June _____

Does your camper require inclusion assistance at camp? **Y N**

If yes, Please explain: _____

Are there any behavioral concerns that 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)

Camper's Home Address: _____

City, State, Zip: _____

Guardian 1

Name: _____ **Email:** _____

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

Guardian 2

Name: _____ **Email:** _____

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

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

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 staff at imaginationstationdirectors@gmail.com

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!

Special Arrangements

Walk Home: ___yes ___no

Group my camper with these friends:

(This is not a guaranteed request)

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

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 2019 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:** _____