

# Young Explorers Camp Registration Form 2017



## CAMP FEES (Please initial)

**Weekly Fee:** \$50/Residents  
\$65/Non Residents

**Late Pick Up:** Campers who are not picked up by 12:15 p.m. will be charged an additional \$1 fee per camper per minute.

**Guardian Initials:** \_\_\_\_\_

**Camp Shirt Size (circle one) :**  
**YS YM YL**

Camper's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age in June \_\_\_\_\_ Gender \_\_\_\_\_

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](mailto: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.**

## 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.

## 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 \_\_\_\_\_