

# Summer Camp 2017

## CAMP DOWN TO EARTH

Child's Name: \_\_\_\_\_ ShirtSize: \_\_\_\_\_  
Grade(2017-18): \_\_\_\_\_ Birthdate: \_\_\_\_\_ School \_\_\_\_\_  
Parent/Guardian's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Space will not be reserved until all forms and fees have been received.**

**REGISTRATION FEES ARE NON-REFUNDABLE.**

**Registration fee:** \_\_\_\_\_  
ACC Members - \$50  
Non-members - \$65

**First week camp fees – ACC Members -\$75 NON Members-\$85** \_\_\_\_\_

Eight weeks of attendance are required and you will be invoiced for a minimum of 8 weeks regardless of attendance. Please indicate below the weeks your child will be attending.

___ Week 1 (June 19 – June 23)	___ Week 6 (July 24 – July 28)
___ Week 2 (June 26 - June 30)	___ Week 7 (July 31 – Aug 4)
___ Week 3 (July 3 – July 7)	___ Week 8 (Aug 7– Aug 11)
___ Week 4 (July 10 – July 14)	___ Week 9 (Aug 14– Aug 18)
___ Week 5 (July 17 – July 21)	___ Week 10 (Aug 21 - Aug 25)

Camp weeks are based upon Surry County Schools schedule and are subject to change. A two week written notice must be given to Rachel Newsome if there is a need to change weeks.

**OFFICE USE ONLY**-Please makes a copy of check and staple to receipt.

Reg. Date _____ Receipt # _____ Check # _____ Item # <u>231</u> Staff _____
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Father/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Phone – Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother/Guardian \_\_\_\_\_  
Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Phone – Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Please give any information concerning your child that would aid camp counselors in helping him/her achieve a positive experience in a group setting (such as fears, likes, dislikes, eating and sleeping habits):

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

Persons to whom child may be released, other than parents (ID will be required at time of pick up):

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

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

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

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

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### EMERGENCY INFORMATION

Child's Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Continuous Medications: \_\_\_\_\_

\_\_\_\_\_

Special Health Conditions: \_\_\_\_\_

\_\_\_\_\_

Physician or Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Health Insurance Policy

Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### RELEASE FOR EMERGENCY CARE

I hereby give permission to the Edward M. Armfield, Sr. Civic and Recreation Center to secure emergency medical, dental and/or surgical treatment and to provide transportation for my child, \_\_\_\_\_, while in care.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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Please read and initial the following statements allowing permissions. Please contact the camp director if you have any questions. These consents/permissions are valid through June 19, 2018.

\_\_\_ I give my consent to the ACC Summer Camp staff or its assignees to record and/or photograph my child's image to be used for display at the Armfield Civic Center, on the ACC website, on ACC social media sights, and/or in advertising. I understand that no personal information about my child or family (name, age, etc.) will be used with any photo or video. I give my permission to the Armfield Civic Center to use such images without any expectation of compensation.

\_\_\_ I give permission for my child to participate in swimming activities through Summer Camp at the Edward M. Armfield, Sr. Civic and Recreation Center. I understand that the facility's pool meets the "Rules Governing Public Swimming Pools." I understand that swimming is a daily activity.

\_\_\_ ACC Summer Camp uses areas of the Edward M. Armfield, Sr. Civic and Recreation Center property that is not enclosed by fencing. This includes, but is not limited to: Nelson Acres, Amphitheater area, disc golf course. I give permission for my child to participate in activities outside the fenced areas.

\_\_\_ I understand that I am not to leave my child at the Armfield Center outside camp operating hours, which are 6:30AM to 6:00PM. My child will not be allowed to leave Camp with an unauthorized person. Any person authorized to pick up my child must be listed with the Camp and have appropriate ID at the time of pick up. Arrangements must be made in person prior to pick up time. If an emergency arises during the day, a call may be placed to the Camp Director. All communication regarding a change in pick up schedule or person must be with the Camp Director or Assistant Director only.

\_\_\_ I understand the Edward M. Armfield, Sr. Civic and Recreation Center is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

\_\_\_ I understand that any participation by an Edward M. Armfield, Sr. Civic Center staff member or Summer Camp staff member in activities with children outside approved Camp activities WILL NOT be considered as functions of an employee of the Edward M. Armfield, Sr. Civic and Recreation Center. The center cannot be held responsible for any adverse action, conduct or misbehavior that may arise

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from the association of any employee with children outside Summer Camp approved activities or programs.

\_\_\_ I understand that my child will NOT be allowed to attend any field trip if a discipline report has been sent home in the week prior to the trip.

\_\_\_ I am obligated to reserve and pay for eight (8) weeks of camp. I understand that the all fees are non-refundable. Any other refunds will be made at the discretion of the Camp Director.

\_\_\_ I understand that Camp ends promptly at 6:00PM. A late fee of \$10 per 15 min will be charged if my child is not picked up at 6:00PM. Children will remain with a camp staff member until the parent arrives and payment must be made at the time of pick up. Children will not be allowed to stay with the front desk staff or drop-in nursery.

\_\_\_ I understand that camp fees are due on a weekly basis, and that a \$10 late fee will be added to any weekly camp fee more than 1 week past due. If Camp fees are 2 weeks past due, my child will not be allowed to return to camp until all fees are current and my account will be placed on a bi-monthly bank draft.

By initialing above and signing below, I understand that I have read and understand each statement and that I am granting the permissions pertaining to each statement.

Parent/Guardian(print)\_\_\_\_\_

Parent/Guardian(signature)\_\_\_\_\_

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

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### FOR PARENTS/ GUARDIANS OF PARTIPANT OF MINOR AGE

(UNDER AGE 18 AT TIME OF REGISTRATION)

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE Edward M Armfield Sr. Civic and Recreation Center, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

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

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

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### **File Documentation Check List Summer Camp 2017**

- \_\_\_\_\_ Registration form
- \_\_\_\_\_ Registration fee and first week of camp fees
- \_\_\_\_\_ Emergency Care information form
- \_\_\_\_\_ Statement of Understanding
- \_\_\_\_\_ Statement of Liability
- \_\_\_\_\_ Release for Emergency Care
- \_\_\_\_\_ Child's Medical Report