



LIL' PERKIOMY CAMP

Registration Form – Summer 2020

Camp Session <i>(Please check which session your child will be attending)</i>	
Camp Session I 6/15-6/26.....	<input type="checkbox"/>
Camp Session II 7/6-7/17.....	<input type="checkbox"/>
Camp Session III 7/20-7/31.....	<input type="checkbox"/>

(Please Print)

Child's Name	M/F	Age (as of 6/15/20)	Birth date MM/DD/YY	Lower Providence Resident Y/N

T-SHIRT SIZE: (please circle one) **YS YM YL** (if you do not circle a size, the child will receive an YM shirt)

1) Primary Parent/Guardian Information

Name: _____
 Home Address: _____
 City/State/Zip: _____
 (H) # _____ (C) #: _____
 Company Name: _____
 City/State/Zip: _____
 Work #: _____
 Primary Email: _____

2) Second Parent/Guardian Information

Name: _____
 Home Address: _____
 City/State/Zip: _____
 (H) #: _____ (C) #: _____
 Company Name: _____
 City/State/Zip: _____
 Work #: _____
 Primary Email: _____

IT IS MANDATORY THAT AN EMAIL ADDRESS IS PROVIDED BY PARENT/GUARDIAN

EMERGENCY CONTACT INFORMATION (Please provide 2 additional contacts in case of an emergency and if parent cannot be reached):

Name: _____ Phone: _____ Relation to Child: _____

Name: _____ Phone: _____ Relation to Child: _____

HEALTH/MEDICAL INFORMATION

All medical information is kept strictly confidential. It is extremely important that we have all the necessary medical information concerning your child. This also includes any learning disabilities.

Please list any health issues, which may limit your child's activities. (This includes medication taken, allergies, medical conditions asthma, etc.)

Allergies/Food Restrictions: _____

Medical Conditions: _____

Medications: _____

Does your child require accommodations due to health, physical, social, cognitive and/or behavioral needs? YES NO

Explain: _____

Camp registration is on a first-come, first-serve basis. On-line or mail in registrations is accepted. All forms must be filled out completely. Please make checks payable to "Lower Providence Township" and payment must be included for your registration to be honored. Reminder:

****REFUND POLICY:** A written refund request submitted before 4:30 pm on May 31, 2020 will result in a full refund minus a \$60 cancellation fee per child. There are no refunds after June 1, 2020.



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Health/Medical Release of Liability

In consideration of the services and facilities provided by Lower Providence Township and/or its employees, agents, sponsors and officers, I hereby release and forever discharge the aforementioned from any and all liability arising out of my child's participation in the program. I am fully aware of the risks inherent to this activity and should not allow my child to participate unless medically able. I assume all risks associated with this activity. I understand that I shall be notified if a health problem occurs. However, if I cannot be reached by telephone, or my child is in a medical crisis and requires immediate care, I authorize a representative of Lower Providence Township to obtain any and all medical treatment to be performed as deemed necessary by a licensed medical personnel, including emergency medical personnel, ambulance personnel and hospital doctors and nurses.

_____ Initials

Agreement of Service

I understand that the Fee Amount stated below is for the services provided by the Lil' Perkiomy summer camp program for the hours of 9:00 am – 12:00 pm Monday through Friday for 6 weeks. **Payment is due at time of registration. Lil' Perkiomy summer camp provides daily activities, games and crafts that revolve around a weekly theme.**

<u>Rates</u>	<u>Early Registration Savings</u>	<u>Regular Rate (after 3/31)</u>
1 st child	\$145 per camp session	\$165 per camp session
Add'l child	\$125 per camp session	\$140 per camp session
Non-Resident	\$175 per camp session	\$175 per camp session

*REFUND POLICY: A written refund request submitted before May 31st, will result in a full refund minus a \$60 cancellation fee per child. No refunds after June 1st.

_____ Initials

Photo Policy

We may take your child's photo during summer camp events and activities. Photo may be displayed on the Parks and Recreation website, social media pages, in flyers and newsletters or submitted to local newspapers. I agree that photographs, videotapes, recordings, or any other reproduction of my child's image may be used for the purpose of promoting programs operated or sponsored by Lower Providence Township. I hereby grant Lower Providence permission to use such images in any media now or hereafter known for any legitimate purpose, and to use my name in connection therewith if Lower Providence Township so chooses.

_____ Initials

Parent Handbook

I have read a copy of the Lower Providence Township Summer Camp Parent Handbook, which outlines the policies and procedures, code of conduct, disciplinary procedures, drop off and pick up procedures, medical and emergency policies and other information concerning the Lil' Perkiomy summer camp program.

**** Children will only be released to persons listed on the emergency contract form.**

I have read and fully understand that these terms are contractual and not a mere recital and sign it voluntarily.

Child Name: _____ DOB: _____

Parent/Guardian Name: _____ Date: _____

Signature: _____

FOR OFFICE USE:

P&R Staff: _____ Date: _____ Amount Paid: _____