



Summer Day Camp 2020 Registration Form

(3 pages)

Family Last Name: _____

(1st) Parent's Name _____ Cellular _____

Email Address _____ DOB _____

(2nd) Parent's Name _____ Cellular _____

Email Address _____ DOB _____

Mailing Address _____

In Case of Emergency Contact (other than parents) _____

Phone: _____ Relationship to child(ren) _____

Pediatrician _____ Telephone _____

Dentist _____ Telephone _____

Insurance Co. & Policy # _____

Fee for each session: \$85 per child

Half of the total payment will be due when your child is registered. Payment for extra t-shirts will also be due at this time. The remaining balance is due on or before Monday, June 15th

Please continue to page 2

For Staff Use Only:

Lottery Results:

___Session 1 ___Session 2 ___Session 3 ___Session 4 ___Session 5 ___Session 6 ___Session 7 ___Session 8

Lottery results date _____ via E-mail Phone Voice mail by: _____

Deposit due: \$ _____ due by _____ **Deposit received:** \$ _____ by _____ on _____ Cash Check Credit

Notes

Separate field trip cash per diems will be due each week.

| | |
|--------------------------------------|---|
| Session 1 "Spring Stampede" | June 15 th - June 19 th |
| Session 2 "Spectacular Extravaganza" | June 22 nd - June 26 th |
| Session 3 "Great American Bash" | June 29 th - July 2 nd (No Camp on July 3 rd) |
| Session 4 "Fun & Fitness" | July 6 th - July 10 th |
| Session 5 "Mad Science" | July 13 th - July 17 th |
| Session 6 "Artful Antics" | July 20 th - July 24 th |
| Session 7 "Animal Planet" | July 27 th - July 31 st |
| Session 8 "Summerslam" | August 3 rd - August 7 th |

(1) Child's Name _____ Birth Date _____ Age _____

T-shirt Size (circle one): Youth Small Youth Medium Youth Large Adult Small

Purchase Additional Shirts for \$5 each? Y / N If yes, how many extra shirts? Total Due: \$

Child's Allergies/Medical Conditions _____

Please check off each session this child would attend:

Session 1 Session 2 Session 3 Session 4 Session 5 Session 6 Session 7 Session 8

(2) Child's Name _____ Birth Date _____ Age _____

T-shirt Size (circle one): Youth Small Youth Medium Youth Large Adult Small

Purchase Additional Shirts for \$5 each? Y / N If yes, how many extra shirts? Total Due: \$

Child's Allergies/Medical Conditions _____

Please check off each session this child would attend:

Session 1 Session 2 Session 3 Session 4 Session 5 Session 6 Session 7 Session 8

(3) Child's Name _____ Birth Date _____ Age _____

T-shirt Size (circle one): Youth Small Youth Medium Youth Large Adult Small

Purchase Additional Shirts for \$5 each? Y / N If yes, how many extra shirts? Total Due: \$

Child's Allergies/Medical Conditions _____

Please check off each session this child would attend:

Session 1 Session 2 Session 3 Session 4 Session 5 Session 6 Session 7 Session 8

Authorized Pick-Ups

Provide the name of adults who are authorized to pick your child up from camp. ID will be required.

Adult's Name: _____ Phone _____

Adult's Name: _____ Phone _____

Adult's Name: _____ Phone _____



7500 Emerald Drive, Emerald Isle, NC 28594 252.354.6350

I hereby grant the Town of Emerald Isle and Emerald Isle Parks & Recreation the permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of the Town of Emerald Isle and Emerald Isle Parks & Recreation and will not be returned.

I hereby irrevocably authorize the Town of Emerald Isle and Emerald Isle Parks & Recreation to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the Town of Emerald Isle and Emerald Isle Parks & Recreation's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge the Town of Emerald Isle and Emerald Isle Parks & Recreation from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that the parent, the child's doctor nor other specified person can be contacted immediately. Furthermore, I do hereby and forever discharge the participants, instructors and administrators of the Town of Emerald Isle and the Emerald Isle Parks & Recreation Department of any and all actions, claims and demands for or by reason of any damage, loss or injury which hereafter may be sustained.

WAIVER AND RELEASE

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that the parent, the child's doctor nor other specified person can be contacted immediately.

Furthermore, I do hereby and forever discharge the participants, instructors and administrators of the Town of Emerald Isle and the Emerald Isle Parks & Recreation Department of any and all actions, claims and demands for or by reason of any damage, loss or injury which hereafter may be sustained.

(Name of child(ren))

For persons under the age of 21, there must be consent by a parent or guardian, as follows:
I hereby certify that I am the parent or guardian of the child(ren) named above,
and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature)

(Date)

(Parent/Guardian's Printed Name)

(Phone Number)