

SUMMER  
2022



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**\* Please check off how you heard about Win at FUN Summer Camp.\***

Website \_\_\_ monthly magazine \_\_\_ Word of Mouth \_\_\_ Flyer \_\_\_ Other \_\_\_

Camp weeks are for ages 5-9. Pod groups are available upon request

Half -Day Program AM Session 9-11:30am

5 Days \$250/Wk

<b>Wk 1. June 27 - July 1</b>	<b>AM Session</b>	<b>\$ _____</b>
<b>Wk 2. July 11 - July 15</b>	<b>AM Session</b>	<b>\$ _____</b>
<b>Wk 3. July 18 - July 22</b>	<b>AM Session</b>	<b>\$ _____</b>
<b>Wk 4. July 25 - July 29</b>	<b>AM Session</b>	<b>\$ _____</b>
<b>Wk 5. August 1 - August 5</b>	<b>AM Session</b>	<b>\$ _____</b>
<b>Wk 6. August 8 - August 12</b>	<b>AM Session</b>	<b>\$ _____</b>
<b>Wk 7. August 15 - August 19</b>	<b>AM Session</b>	<b>\$ _____</b>
<b>Wk 8. August 22 - August 26</b>	<b>AM Session</b>	<b>\$ _____</b>

**Total Amount for \_\_\_\_\_ Wks. = \$ \_\_\_\_\_ cash \_\_\_\_\_ check # \_\_\_\_\_**

**Win at FUN Summer Camp Registration**

**Child**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male Female\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of June 30, 2011) \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

**Parent/Guardian - Contact Information**

**Parent/Guardian #1**

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Parent/Guardian #2**

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_ Daytime phone \_\_\_\_\_

Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Child lives with: \_\_\_\_\_  
Person responsible for payment \_\_\_\_\_

**Emergency Contact Information – Alternate Pickup/Release**

**Emergency Contact #1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

**Emergency Contact #2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**Medical Release Information**

Insurance Information

Policy Number \_\_\_\_\_ Name of Health Insurance Provider \_\_\_\_\_

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem /Allergies (food)</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

**In case of medical emergency contact:**

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent's Signature \_\_\_\_\_

**Terms of Agreement**

**Photo Release**

I hereby give permission for my child to be photographed during **Win at FUN Summer Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of **Win at FUN/Demarest Farms**.

Parent's/Guardian's Initials \_\_\_\_\_

**REFUNDS**

I understand that no fees will be refunded for missed days or illnesses. Full payment is due upon camp registration for the weeks registered. Printed Name of Parent/Guardian: \_\_\_\_\_