

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

**Get SET Summer Arts Camp Registration Form**

Age: \_\_\_\_\_



**Child**

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

Nick Name \_\_\_\_\_ Grade (entering Fall 2012) \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of June 30, 2012) \_\_\_\_\_

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

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

**Summer address (if different from above)**

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**

**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 allergies/medical problems, including requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Allergy</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

<u>Medical Diagnosis</u>	<u>Medication</u>	<u>Dosage</u>	<u>Frequency of Dosage</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Does your child have any physical condition documented by a physician that would prevent him/her from participating in normal rigorous activity?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

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			
Contact #3			

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.

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

I understand that the Get SET Summer Arts Camp will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

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

I understand that the program is not responsible for the children when they are en route to and from the camp. I also agree to notify Get SET Summer Arts Camp in the event of any changes in my child's health that would restrict my child's participation.

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

I understand that I am responsible for providing correct and accurate contact information and agree to update the information in writing as soon as it changes.

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

**TUITION INFORMATION - \$80 per week (\$400 for all four weeks)**

- Registration fee: \$25.00 due no later than May 18, 2012
  - Non-refundable
  - Registration fee waived if all five weeks (\$400) paid in full by June 1, 2012
  - Includes one camp shirt
- Available payment plans:
  - Two payments of \$200 by June 18<sup>th</sup>
  - Four payments of \$100 by June 18<sup>th</sup>
- Multiple child discount:
  - Names of other children in the camp 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_
  - \$70/week for second child
  - \$60/week for each additional child

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

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Age: \_\_\_\_\_

**REGISTRATION**

**Day Camp Program:** Please initial the weeks for which the child is enrolling.    \_\_\_6/25 \_\_\_7/2 \_\_\_7/9 \_\_\_7/16 \_\_\_7/23

**TUITION**

Registration Fee (waived if paid in full by 5/18)    \$ 25.00

Total # of weeks for Day Camp \_\_\_ x \$80.00    \$ \_\_\_\_\_

**Total Due**    \$ \_\_\_\_\_

Deposit    \$ \_\_\_\_\_

**Balance Due**    \$ \_\_\_\_\_

<b>Camper T-shirt Size</b>				
<i>Please circle one:</i>				
Youth	S	M	L	XL
Adult	S	M	L	XL

**Please circle how you heard about the Get SET Summer Arts Camp.**

Sign/Banner                  Website                  School \_\_\_\_\_                  Word of Mouth                  Flyer                  Other \_\_\_\_\_

**Terms of Agreement**

**Photo Release**

I hereby give permission for my child to be photographed during the Get SET Summer Arts Camp. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors 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 Westminster Presbyterian Church and Westminster Community Life Center.

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

**Transportation Release**

I hereby give permission for the transportation of my child for official Get SET Summer Arts Camp activities by modes of transportation agreed to by the Get SET program.

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

**Water Activities Release**

I hereby give permission for my child to participate in any and all water activities during the Get SET Summer Arts Camp. I understand that these activities include but are not limited to swimming in pools and beaches, sprinkler activities and water games.

Please indicate if your child can swim \_\_\_yes \_\_\_ no.

Please indicate if you would like your child to receive swimming lessons if available \_\_\_ yes \_\_\_ no.

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

The Westminster Presbyterian Church (WPC), Westminster Community Life Center (WCLC) and Get SET Summer Arts Camp (GSSAC) are not responsible for lost or damaged personal property. I have enclosed the proper deposit and will complete all payments and forms by the stated deadlines. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. 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). I also authorize and release to all Westminster entities (WPC, WCLC and GSSAC) any publication submitted for print in which they may participate.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_