

CAMP PALMER

AGES 6-12 YEARS

This registration form must be submitted with your **\$25 NON-REFUNDABLE DEPOSIT PER SESSION WEEK** before your child is accepted into that session week. Phone calls will NOT be accepted to hold spaces. **Full balance is due two weeks prior to the start of the week or deposit will be forfeited and child will not participate in that week.** Sessions are limited to the first 80 participants.

PLEASE COMPLETE ALL INFORMATION AND SIGN!

Camper's Last Name: _____ First Name: _____ Nickname: _____

Age: _____ Address: _____ City, State, ZipCode: _____

Male Female Home Phone: (____) _____ Are you a camper from the summer: yes no

Father's Name: _____ Father's Daytime No.: _____

Mother's Name: _____ Mother's Daytime No.: _____

CHECK EACH SESSION WEEK YOU ARE REGISTERING FOR:

REGULAR SESSION (9AM-4PM) RESIDENT: \$120 NON: \$135 PER SESSION REUNION WEEK CAMP DECEMBER 27-31ST	AM EXTENDED CARE (7AM-9AM) \$20.00 PER WEEK AM CARE REUNION WEEK MONDAY THRU FRIDAY	PM EXTENDED CARE (4PM-6PM) \$20.00 PER WEEK PM CARE REUNION WEEK MONDAY THRU THURSDAY NO PM CARE OFFERED ON FRIDAY
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IN CASE OF AN EMERGENCY

I understand that every effort will be made to contact the parents and/or guardians of the camper. In the event that I cannot be reached, I hereby give my permission to the medical staff selected by the Camp Director to hospitalize and/or secure proper treatment for my child, as named on this application.

CAMP PALMER GENERAL AGREEMENT

The Camp Director and counselors will use every reasonable precaution to prevent accidents, however, they will not be responsible for medical, dental, hospital expenses or damages of any kind incurred due to accidents occurring during the program. All parents are encouraged and advised to provide accident insurance for their children with coverage prior to, during and following the participation in the Camp Palmer program.

I understand and agree to the above request that my child be allowed to participate in the Camp Palmer. I agree that neither the Charles Chrin Community Center and/or Palmer Township and its instructors, administrators, agents, and employees shall be held responsible for any injury to my child during the program or while going to or from any session, regardless of the cause.

I understand the balance of all session fees are due two weeks prior to the start of the session. If payment is not received, I forfeit my deposit and my child will not be able to participate in the program.

Parent/Guardian Signature: _____ Date: _____

For Office Use: Date Rec'd: _____ Rec'd By: _____ Cash Check Charge Deposit Amt:\$ _____ Bal Due:\$ _____

Final Balance: Amt: \$ _____ Cash Check Charge Date Rec'd _____ Rec'd by: _____