

EASTTOWN TOWNSHIP SUMMER RECREATION PROGRAM

2014 REGISTRATION FORM

LOCATION: Hilltop Park (570 Beaumont Road, Devon)

DATES: Six weeks total: Monday, June 30 – Friday, August 8, 2014 (no camp will be held on Friday, July 4). Children may be signed up for any or all of the six weeks offered and camp is open rain or shine!

TIME: 9 am until Noon

ACTIVITIES: Arts & crafts, games, water fun, competitive & cooperative sports, magicians, treasure hunts, and the *science in the summer* program.

ELIGIBLE CAMPERS: Camp is for children who have completed kindergarten through eighth grade. Children who are entering 9th grade in September 2014 are not permitted to register. There are no residency requirements.

FEES: \$50 per week for the first child; \$70 per week for two children from the same family; and \$90 per week for three or more siblings from the same family.

- *Financial assistance is available for Easttown Township residents and is kept confidential. Please call the Township for more information.*
- *Please register prior to the start date of camp. If you register your child(ren) on the first day their camp session begins, you will be charged an additional \$10 per child. When completing the application, please indicate the week(s) your child(ren) will be attending. Payment in full in advance is required for all weeks of attendance and is non-refundable.*

TRANSPORTATION: Camp transportation is available at no charge to and from the Easttown Library parking lot (720 First Avenue, Berwyn). The bus leaves at 9 am and returns to the Library at 11:55 am.

Child's Name: _____

Address: _____

Phone Number(s): _____

Date of Birth: _____ **Age (as of June 30, 2014):** _____

Camper's Grade (as of September 2014): _____ **School:** _____

Please indicate all the weeks your child will be attending (circle dates):

6/30 – 7/3* 7/7 – 7/11 7/14 – 7/18 7/21 – 7/25 7/28 – 8/1 8/4 – 8/8

*no camp on July 4

Please indicate how your child will be leaving camp:

Bus ___ **Car** ___ **Walker** ___ **Other:** _____

If applicable, the following people may pick up my child(ren):

Please note that proper identification is required and must be presented to the designated Camp Counselor at time of pick up or the child(ren) will not be released.

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

I understand that my child is expected to stay each day, Monday through Friday, 9:00 AM until 12:00 PM. I will take responsibility for his/her arriving each day at camp and leaving promptly at 12:00 PM, understanding that failure to do so will result in my child not participating in the program, as determined by the Camp Director. I also understand that there is no assurance of my child's placement with a friend or particular group of children in the summer recreational program.

NOTE: A telephone number must be provided where you can be reached during the hours of camp in case of emergency.

The undersigned parent or legal guardian acknowledges that the Easttown Township Summer Recreation Program involves active physical recreation and inherent risks which could result in injury to the participant or damage to personal property. The undersigned hereby assumes all risks and responsibility of possible damage or injury through participation in the recreational activity and understands that insurance should be in place and furnished in case of injury. I agree to indemnify and hold harmless the Township, its officers, employees and summer recreational staff for personal injury or property damage resulting from participation in the normal course of recreational activity. I agree that the Township and its summer recreational staff shall have the right to enforce rules and terminate participation by anyone failing to comply with the rules.

Signature of Parent/Legal Guardian of Minor Participant

Date

Print Name Above

For Twp Use:

Fees Paid _____ **Date of Completed Registration** _____

CONSENT FOR EMERGENCY HEALTH TREATMENT

To any provider of medical, dental or health care services:

Consent of the undersigned parent, or legal guardian, is hereby given to administer emergency medical, dental and health services to the minor child listed below:

Child's Name: _____ Age: _____

Allergies: _____ Last Tetanus: _____

Medication Now Taking (including Insulin): _____

Family Doctor: _____ Phone No. _____

Preferred Emergency Health Care Facility: _____

Pennsylvania Law requires consent be given before medical, dental or health care services may be rendered to a minor except where in the judgment of the physician, an attempt to secure such consent would result in the delay of treatment which would create a risk to the minor's life or health. Even though you have provided this consent, all reasonable efforts will be made to contact you or responsible members of your family in connection with any emergency treatment.

Signature **Please print your name** **Relationship** **Date**

INSURANCE INFORMATION

All participants must be covered by health insurance:

Health Insurance Carrier: _____

Policy #: _____ Group #: _____

EMERGENCY INFORMATION

In case of an emergency, please notify:

1st person we call: Name: _____ **Relationship:** _____

Phone: _____

2nd Choice: Name: _____ **Relationship:** _____

Phone: _____

3rd Choice: Name: _____ **Relationship:** _____

Phone: _____