

Camp Registration Form 2010

Camper's Name _____ Male Female Age _____
Address _____ City _____ State _____ Zip _____
E-mail Address _____ Date of Birth _____
Mother's Name _____ Work Phone # _____
Cell Phone # _____ Home Phone # _____
Father's Name _____ Work Phone # _____
Cell Phone # _____ Home Phone # _____
Additional Emergency Contact Person _____ Phone # _____

The undersigned parent/legal guardian of _____ (child's name) represents that he/she knows of no physical or mental illness or abnormality which would prohibit the child from safely participating in the Westminster City Recreation Summer Camp. To further induce the City of Westminster to support the WCR Summer Camp, the undersigned hereby irrevocably releases and discharges the City of Westminster and any of its agents, servants, or employees from any and all claims or liability arising from the conduct of the WCR Summer Camp or any related activities. The undersigned further acknowledges and agrees that the City of Westminster shall not be liable for any acts, omissions, or negligence of the leaders (or any of their agents, servants, or employees) or other participants in the program.

Parent/Legal Guardian Signature Date

Pertinent information or any significant medical, physical, psychiatric, or behavioral problems: _____

Photographic Release: I permit the Recreation and Parks Dept to publish photos of my child for purposes of presenting recreation activities to the community. I also give permission to release such photos to the news media to support such programs. _____ (Please Initial)

Is your child enrolled in a Maryland School? Yes No (If "No" a copy of the child's immunization records ***MUST*** accompany registration form.)

Is your child exempt from immunizations due to medical/religious reasons? Yes No

Date of last tetanus shot: _____ M/D/Y (***MUST BE FILLED IN***)

Physician: _____ **Phone:** _____

Medical Insurance Provider: _____ **Policy #:** _____

Do medications need to be administered to child during the camp day?

Yes No *If yes, a medication form needs to be completed before first day of camp.*

Camper Pick-Up: (Who is allowed to pick up your child in your absence?)

1) _____ 2) _____

<p>Camper T-Shirt Size: (Please check appropriate size)</p> <p>Child: ___6/8 ___10/12 ___14/16 Adult: ___ S ___ M ___ L ___ XL</p>
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Westminster City Recreation
11 Longwell Avenue
Westminster, Maryland 21157

Day Camp \$115/week

(Ages 6-12)

- ___ June 14-18 (Week 1)
(If Applicable)
- ___ June 21-25 (Week 2)
- ___ June 28-Jul 2 (Week 3)
- ___ July 5-9 (Week 4)
- ___ July 12-16 (Week 5)
- ___ July 19-23 (Week 6)
- ___ July 26-30 (Week 7)
- ___ August 2-6 (Week 8)
- ___ August 9-13 (Week 9)
- ___ August 16-20 (Week 10)
- ___ August 23-27 (Week 11)

Subtotal \$_____

Extended Day Options: \$15/week

- ___ AM Care (7-9AM) \$_____
- ___ PM Care (4-6PM) \$_____

Family Center Discount \$(_____) \$5.00/week

Early Bird Discount \$(_____) \$5.00/week if paid in full by May 14

Total Amount Due \$_____

**Cash/Check/VISA/MasterCard/
Discover Accepted**

Tot Camp \$60/week

(Ages 3-5)

- ___ June 21-25 (Week 1)
- ___ June 28-Jul 2 (Week 2)
- ___ July 5-9 (Week 3)
- ___ July 12-16 (Week 4)
- ___ July 19-23 (Week 5)
- ___ July 26-30 (Week 6)
- ___ Aug 2-6 (Week 7)
- ___ August 9-13 (Week 8)

Subtotal \$_____

Family Center Discount \$(_____) \$5.00/week

Early Bird Discount \$(_____) \$5.00/week if paid in full by May 14

Total Amount Due \$_____

**Cash/Check/VISA/MasterCard/
Discover Accepted**

\$20.00 NON-REFUNDABLE DEPOSIT is due at registration for each child and each week of camp that the child is enrolled. Balance is due by the first day of camp for each given week.