

# SHAMROCK SUMMER CAMP

## Registration Form

### Camper's Information

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age when camp begins: \_\_\_\_\_

T-Shirt Size:  Small  Medium  Large  X-Large  Adult Small

### Parent or Guardian Information (Primary & Secondary Contact in case of emergency)

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ email: \_\_\_\_\_

1<sup>st</sup> Authorized Pick up Person \_\_\_\_\_ \* Must present Photo ID

2<sup>nd</sup> Authorized Pick up Person \_\_\_\_\_ \* Must present Photo ID

### Camp Session(s)

Check the camp sessions you would like to enroll your child.

\_\_\_\_\_ July 10<sup>th</sup> – 27<sup>th</sup> Monday thru Thursday 9:00 am – 2:00 pm

\_\_\_\_\_ August 7<sup>th</sup> – 24<sup>th</sup> Monday thru Thursday 9:00 am – 2:00 pm

**PLEASE NOTE:** In the event that we are not able to accommodate your first request, we will place your child in the second session or on a waiting list.

### FRIEND REQUEST

We may be able to place your child with a friend, in the same age group, however we cannot guarantee that this request will be granted. The friend must be within the pre-determined age brackets of 4, 5-6, 7-8, 9-10, & 11-12. More than one request **cannot** be accommodated.

Requested friend: \_\_\_\_\_

<u>Camp Fees per Session</u>		<u>Amount</u>	<u>Date</u>
1 <sup>st</sup> Child	\$360	Camp Fees	\$ _____
2 <sup>nd</sup> Child	\$270 (Sibling Discount)	Deposit	\$ _____
3 <sup>rd</sup> Child	\$180 (Sibling Discount)	Payment	\$ _____
		Payment	\$ _____
		<i>Paid in Full</i>	_____

**For Official Use Only**

## Important Information

The *Shamrock Summer Camp* is committed to conducting its programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their children in programs and activities must recognize, however, that there is an inherent risk of injury when choosing to participate. *Shamrock Summer Camp* strives to reduce such risks and insists that all participants follow safety rules and instructions, which have been designed to protect the participant's safety.

Please recognize that the Broad Channel Athletic Club (*Shamrock Summer Camp*) does not carry medical accident insurance for injuries sustained in its summer program activity. The cost of such medical expense would make program fees prohibitive. Therefore, each person registering their child or a family member for a program or activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Broad Channel Athletic Club (*Shamrock Summer Camp*) automatically responsible for the payment of medical expenses. Your cooperation is greatly appreciated.

## Release of Liability & Permission to Secure Treatment

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s). I agree to waive and relinquish all claims I or my minor child/ward may have against the Broad Channel Athletic Club (*Shamrock Summer Camp*) and its officers, agents, and volunteers as a result of participation in the program. I do hereby fully release and discharge the Broad Channel Athletic Club (*Shamrock Summer Camp*) and its officers, agents, and volunteers from any and all claims from injury, damage or loss with the activities of the program(s). I further agree to indemnify and hold harmless and defend the Broad Channel Athletic Club (*Shamrock Summer Camp*) and its officers, agents, and volunteers from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program(s). In the event of any emergency, I authorize the Broad Channel Athletic Club (*Shamrock Summer Camp*) to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

## Photography Release (Please initial)

\_\_\_\_\_ I give permission for my child's picture to be used on the Broad Channel Athletic Club website.

\_\_\_\_\_ I give permission for my child's picture to be used on the Shamrock Summer Camp Facebook Page

## Code of Conduct

Children are expected to display appropriate behavior at all times. To assure the maximum enjoyment of the program by all participants, please review the following guidelines with your child. Your child is expected to:

1. Show respect to all participants, staff, the facility, and grounds.
2. Be respectful to others and refrain from using inappropriate language.
3. Refrain from causing harm to self, other participants, and staff.
4. Use equipment, supplies, and facilities properly as instructed by staff.

**NOTE:** If behavior problems arise, you will be contacted to discuss the nature of the issue. If the problem persists or the behavior is severe such as causing intentional harm to others or consistent disruptions of camp activities, the child may be removed from the program for the day, for the rest of the week, or for the remainder of the program and a prorated refund will be issued. All discipline will be at the Camp Director's discretion.

## Allergies

Bee Stings    Environmental    Medications    Food/Drinks    Sun Tan Lotion    Bug Spray

(Please describe any of the allergies listed):

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I have read and fully understand the above Release of Liability, Permission to Secure Treatment, Photography Release, Code of Conduct, and give permission to apply Sun Tan Lotion and/or Bug Spray. I am aware that the camp does not provide a tax ID #.

X

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

*Shamrock Summer Camp*