



Jay Community Center 2018 Summer Day Camp

Registration



<p>What: The Summer Day Camp is for Campers entering Kindergarten-7th grade in the upcoming fall. The campers are led by qualified staff that have undergone national background checks.</p>	<p>When: Tuesday May 30th – Friday August 9th 7:30 AM – 5:30 PM (early drop off available)</p>
<p>Where: The camp is held at the Jay Community Center and regularly visits Hudson Family Park, Portland Water Park and the Ritz Theater.</p>	<p>Cost: Registration Fee - One Time Fee - \$30 First Child - \$15 For Each Additional Child Daily Fee Per Camper - \$20/Day or \$10/Day for multiple per days per week <u>\$3 fee to be added on Monday's if Child does not have a pool pass and for early drop off prior to 7am</u></p>

Summer Day Camp registrants will be provided two snacks during the day and lunch. Please pay close attention to the weekly lunch menu. You are responsible for packing a lunch on the days your child doesn't want to eat the scheduled lunch.

Fees must be paid when turning in your child's schedule. Weekly schedules are due the Thursday before by 8 PM for the upcoming week. Please indicate on the check which week(s) you paid. Schedules received after Thursday at 8 PM are subject to a \$15 late fee in addition to the weekly fees.

Camper's Information: (Need a Registration Completed for Each Camper)

Camper's Full Name _____ Date of Birth _____ Age _____ Gender _____ Pool Pass# _____
 School _____ Grade _____ Email _____
(Upcoming school year)
 Home Address _____ City _____ State _____
 Zip Code _____ Home Phone _____ Cell Phone (s) _____
 Best Way To Contact you (circle one): Call Text Email
 Name of Mother or Guardian _____
 Place of Employment _____ Work Phone _____
 Name of Father or Guardian _____
 Place of Employment _____ Work Phone _____

Authorized Pick Up:

Person(s), other than parents, authorized to pick up your camper or be notified in an emergency:

THE STAFF WILL NOT ALLOW YOUR CAMPER TO LEAVE WITH ANYONE WHO IS NOT LISTED ON THIS FORM.

Name _____
 Phone _____ Relationship _____
 Name _____
 Phone _____ Relationship _____



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Participant Release:

I wish to have my child attend the 2018 Summer Day Camp. I understand that the registration fee and weekly fees are non-refundable and the weekly fees are due the Thursday before the upcoming week by 8 PM. A \$15 late fee in addition to the weekly fee will be charged for all late scheduling. I hereby give my consent for the Jay Community Center to use my photograph and likeness to be used in its publications, including its website and social media. I release them from any expectation of confidentiality for the undersigned minor(s) children and myself and attest that I am the parent or legal guardian of the children listed above. My child may participate in Day/Field Trips with the Day Camp program. I understand that he/she will be traveling by bus, van and/or car. I agree to hold harmless and release the Jay Community Center and Jay County High Schools, directors, sponsors, and officials from any and all liability related to the 2018 Summer Day Camp.

Medical Emergency Release:

In the event reasonable attempts to contact parents or guardians have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by any licensed Physician, and the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery, unless the medical opinion of two licensed physicians, concurring in the necessity for such surgery, is obtained prior to the performance of such surgery.

Camper Dress Code & Sunscreen Application:

I give my permission for the Jay County Boys and Girls Club Summer Day Camp staff to apply sunscreen to my child and understand that the first application of sunscreen is my responsibility prior to sending my child/children to camp. It is also my responsibility to make sure my child has sunscreen with them daily, appropriate clothing that will minimize exposed skin during outside activities, tennis shoes, an extra change of clothes, towel and swimsuit

****By signing below I agree to the Participant Release, Medical Emergency, and Camper Dress Code & Sunscreen Application****

Child's Name (printed)	Signature of Parent or Guardian	Date
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Health Problems & Medication: please attach a copy of your insurance card

Please explain any health problems (allergies, asthma, etc...) your camper has that we should be aware of.

Please explain any medications your camper is taking.

Prescription medications will only be dispensed from the original container and as directed on the label. Over the counter medications will be dispensed with a dated, written note from the parent signifying the frequency that the medication is to be dispensed.

Office Use Only: Fee Paid (Y/N) Amount: _____ Date: _____

Check No. or Cash: _____ Employee: _____ Receipt #: _____