



Jay Community Center 2021 Summer Day Camp Registration

**Information:**

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.

Monday June 14th - Wednesday August 11th
7:00 AM – 5:30 PM (early drop off available)

The camp is held at the Jay Community Center and regularly visits Hudson Family Park and Portland Water Park.

Cost:

Registration Fee - One Time Fee - \$30 First Child - \$15 For Each Additional Child

Daily Fee Per Camper - \$12/Day if fees are paid by Friday for the following week. \$15/Day if fees are paid after Friday for the following week.

- \$3 fee for early drop off prior to 7am
- \$3 fee for pool days if your child doesn't have a pool pass (This price is subject to change if pool fees change).

Summer Day Campers will be provided two snacks during the day. Campers will need to bring a water bottle to refill during the day and sack lunch.

Fees must be paid when turning in your child's schedule. Weekly schedules are due the Friday before by 6 PM for the upcoming week. Please indicate on the check which week(s) you paid. Schedules received after Friday at 6 PM will result in the daily fees being \$15 per camper per day.

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

Camper's Full Name _____ Date of Birth _____ Age ____ Gender ____ PoolPass# _____

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 2021 Summer Day Camp. I understand that the registration fee and weekly fees are non-refundable and the weekly fees are due the Friday before the upcoming week by 6 PM. I accept that the daily fees increase to \$15/day per camper 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 2021 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

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 #: _____