



2011 Summer Camp Registration Form

Dear Families,

As you make your summer plans, please remember that we are busy hiring staff, purchasing materials and making schedules based on camp registration. As day camp spaces fill up, we reluctantly begin turning away campers who then make other plans. Last-minute cancellations sometimes create open spaces that do not fill.

We recognize that day camp registration comes EARLY in the spring, sometimes before summer plans are finalized. Accordingly, all deposits are nonrefundable regardless of vacation plans, illness, etc. This allows us to offer all our campers the best day camp experience possible.

You must provide ALL of the following before a child will be registered for camp. There will be NO exceptions.

- **Copy of Immunization Record** – Updated immunization records are required for all 2011 DMBAC Afterschool summer campers.
- **Completed 2011 Registration Form (four pages see below)**
- **Completed Discipline and Behavior Guideline for each child**
- **Either payment in full or a deposit for each session per child registered**

How to Register

Bring or mail completed forms and deposit or full payment to:

DMBAC Afterschool
Greater Vision United Methodist Church
11901 Eastfield Road
Charlotte, NC 28078

(make checks payable to DMBAC Afterschool)

Monday – Friday 2:00pm – 6:00pm

Code Words

Code Words are mandatory when picking up your child. We recommend that you do not share your code word with your child as he/she may share it with others. Code words are confidential and must be used by anyone authorized to pick up your child. Children will not be released without a code word - no exceptions. Code words should remain the same.

Policies & Procedures

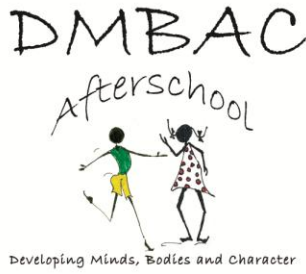
Waiver - By completing the registration form and signing the waiver, you agree to all policies and procedures as stated.

Registration Dates - Registration begins March 1st . A Camper Registration is processed on a first-come, first-serve basis.

Registration Deposit - A \$20 deposit per session, per child is required to register all campers. Deposits are applied to the camp balance and are non-refundable (no exceptions).

Cancellations – A two-week (14 day) cancellation notice is required to receive refund of camp less deposit.

Registration Changes (Transfers) - If you need to cancel or transfer a camp session, it must be submitted in writing 2 weeks (14 days) prior to the start of that session.



Registration Form

WE MUST HAVE A COPY OF EACH CHILD'S SHOT RECORDS TO BEGIN REGISTRATION

Last Name _____ First Name _____ Preferred Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Primary E-mail _____

DOB _____ Age _____ Rising Grade _____ Circle One: Male / Female

MOTHER/GUARDIAN CONTACT: FATHER/GUARDIAN CONTACT:

Name: _____ Name _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Date of Birth _____ Date of Birth _____

Home Phone _____ Home Phone _____

Mobile Phone _____ Mobile Phone _____

Work Phone _____ Work Phone _____

CAMPER CODE WORD: _____
PARENTS/GUARDIANS MUST HAVE A CODE WORD TO PICK UP THEIR CAMPER.

AUTHORIZED PERSON TO PICK UP CAMPER:

(Must be age 18 or older to pick up camper)

Name _____ Relationship to camper _____ Phone _____

Name _____ Relationship to camper _____ Phone _____

EMERGENCY CONTACT:

(other than parents/guardians, must be age 18 or older)

Name _____ Relationship to camper _____ Phone _____

Name _____ Relationship to camper _____ Phone _____

IMMUNIZATIONS (CHECK ONE):
Updated immunizations are required for all campers.

I HAVE ENCLOSED A COPY OF PARTICIPANT'S IMMUNIZATION RECORD

Child's Physician _____ Phone _____

Date of last exam: _____

Description of camp activities from which camper should be exempted for health reasons:

Description of any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp

Record of past medical treatment, operations, or serious injury

INSURANCE INFORMATION:

Is the child covered by family/medical insurance? Circle one: YES / NO

If YES, indicate carrier or plan name: _____

Group Policy No: _____

Name of Insured: _____ Relationship to child: _____

ALLERGIES:

Please list ALL known medication, food and other allergies:

MEDICATIONS:

Please list prescribed and over-the-counter medications being taken, and any dietary restrictions:

Which medications will be administered at camp? _____

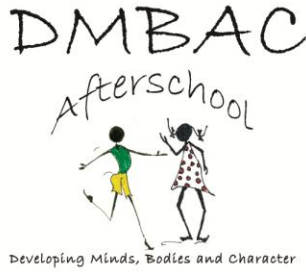
WAIVER

By signing the waiver below, I understand that I am responsible for reading and understanding all camp information. A hard copy is available by request.

This health history is complete and accurate, and participant has permission to engage in all activities unless otherwise specified in writing. I understand that the DMBAC Afterschool assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her participation in day camps, athletics, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge that I assume the risk for any and all injuries and all illnesses which may result from his/her participation in these activities. I acknowledge that my child has been medically cleared to participate in vigorous physical activities. I also understand that there is a risk of injury while participation in physical activity by my child. I agree to hold harmless the DMBAC Afterschool, its staff and volunteers for accidents or injuries arising out of his/her participation in the activity. I agree to have my child examined within a reasonable time period prior to camp by the family physician stating he/she is free from communicable disease and has not been exposed to such. I hereby give my permission to the medical personnel selected by the DMBAC Afterschool Director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for myself/or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the DMBAC Afterschool Director to secure and administer treatment including hospitalization for my child. I understand that no accident or medical insurance is provided with this activity. I give permission to the DMBAC Afterschool without limitation or obligation to use photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting DMBAC afterschool programs to release the DMBAC afterschool from any claim of liability to that use. I give my consent for my child to leave the DMBAC Afterschool site and participate in authorized DMBAC Afterschool trips, swim at approved facilities and to ride in authorized vehicles for the purpose of transportation in connection with the DMBAC Afterschool program.

I HAVE READ AND AGREE TO ALL THE POLICIES SET FORTH BY THE DMBAC Afterschool SUMMER CAMP PROGRAM.

Signature _____ **Date** _____



DMBAC Afterschool 2011 Summer Camp Financial Policies

Please initial each point, then sign at the bottom.

_____ **CAMP FEES**

I understand that the camp fees are \$100.00 per week per student and \$95.00 per week for siblings.

_____ **DEPOSITS**

I understand that deposits are *per week per child* and will hold that child's spot in that camp for that week. I understand deposits are applied to camp balance and are NON-refundable and NON-transferable. Remaining balances are due according to the *Balances Due Schedule* printed below.

_____ **UNPAID BALANCES**

I understand if any camp week's balance is not paid on or before the scheduled due date, that camp week WILL BE CANCELLED. Any deposit paid is NON-refundable and NON-transferable.

_____ **CHANGES**

I understand any changes to my child's summer camp registration must be made in writing by two weeks (14 days) before the camp week starts.

_____ **REFUNDS**

I understand that camp fees paid (except deposits) may be refunded if I submit my request in writing and NO LATER THAN two weeks (14 days) before the camp week.

Balances Due Schedule

	Due By	Or	Cancelled On
Week 1 (June 20-24)	Monday, May 30, 2011		Tuesday, May 31, 2011
Week 2 (June 27-1)	Monday, June 6, 2011		Tuesday, June 7, 2011
Week 3 (July 11-15)	Monday, June 20, 2011		Tuesday, June 21, 2011
Week 4 (July 18-22)	Monday, June 27, 2011		Tuesday, June 28, 2011
Week 5 (July 25-29)	Friday, July 1, 2011		Monday, July 11, 2011
Week 6 (Aug. 1-5)	Monday, July 11, 2011		Tuesday, July 12, 2011
Week 7 (Aug. 8-12)	Monday, July 18, 2011		Tuesday, July 19, 2011
Any Final Balances	Monday, July 25, 2011		Tuesday, July 26, 2011

Responsible Party

Signature Printed Name Date