

2017 Roethke Day/Mini Camp Registration

(Please Complete Both Sides of this Form!)

Child's Name

Child's Age

Address

City

State

Zip

Township

Home Phone

Work Phone

Cell

Emergency Phone #

Mother/Guardian's Name

Father/Guardian's Name

Email Address

If purchasing a Camp shirt, please circle size below. Camp shirt is same design for all summer camps.
 Youth Small (6/8) Youth Medium (10/12) Youth Large (12/14) Small Medium Large XLarge

Please check box to indicate your Day Camp choices. Add across each row and total down the last column to get a total cost.
 Cash or Check ONLY - Checks payable to Thomas Township Parks and return to 249 N. Miller Rd. Saginaw, MI 48609

Week/Theme	Resident	Resident Sibling Same Week	Non Resident	NonResident Sibling SameWk	Before/ After Care	CampShirt indicate size	Total
June 12-16 Jump Into Summer	<input type="checkbox"/> \$110	<input type="checkbox"/> \$82.50	<input type="checkbox"/> \$120	<input type="checkbox"/> \$90	<input type="checkbox"/> \$30	<input type="checkbox"/> \$10	
June 19-23 Space Station Vacation	<input type="checkbox"/> \$110	<input type="checkbox"/> \$82.50	<input type="checkbox"/> \$120	<input type="checkbox"/> \$90	<input type="checkbox"/> \$30	<input type="checkbox"/> \$10	
June 26-30 Summer Safari	<input type="checkbox"/> \$110	<input type="checkbox"/> \$82.50	<input type="checkbox"/> \$120	<input type="checkbox"/> \$90	<input type="checkbox"/> \$30	<input type="checkbox"/> \$10	
July 3, 5-7 Mini Camp Shipwrecked (4-6yrs only)	<input type="checkbox"/> \$64	<input type="checkbox"/> \$48	<input type="checkbox"/> \$72	<input type="checkbox"/> \$54	N/A	<input type="checkbox"/> \$10	
July 10-14 Party In The USA	<input type="checkbox"/> \$110	<input type="checkbox"/> \$82.50	<input type="checkbox"/> \$120	<input type="checkbox"/> \$90	<input type="checkbox"/> \$30	<input type="checkbox"/> \$10	
July 17-21 Adventure Awaits	<input type="checkbox"/> \$110	<input type="checkbox"/> \$82.50	<input type="checkbox"/> \$120	<input type="checkbox"/> \$90	<input type="checkbox"/> \$30	<input type="checkbox"/> \$10	
July 24-28 Under the Big Top	<input type="checkbox"/> \$120	<input type="checkbox"/> \$90	<input type="checkbox"/> \$130	<input type="checkbox"/> \$97.50	<input type="checkbox"/> \$30	<input type="checkbox"/> \$10	
July 31-Aug 4 Survivor	<input type="checkbox"/> \$110	<input type="checkbox"/> \$82.50	<input type="checkbox"/> \$120	<input type="checkbox"/> \$90	<input type="checkbox"/> \$30	<input type="checkbox"/> \$10	
Aug 7-11 Mini Camp Where the Wild Things Are (4-6yrs only)	<input type="checkbox"/> \$80	<input type="checkbox"/> \$60	<input type="checkbox"/> \$90	<input type="checkbox"/> \$67.50	N/A	<input type="checkbox"/> \$10	
Aug 14-18 Culinary Kids	<input type="checkbox"/> \$110	<input type="checkbox"/> \$82.50	<input type="checkbox"/> \$120	<input type="checkbox"/> \$90	<input type="checkbox"/> \$30	<input type="checkbox"/> \$10	
August 21-25 Beach Bash	<input type="checkbox"/> \$110	<input type="checkbox"/> \$82.50	<input type="checkbox"/> \$120	<input type="checkbox"/> \$90	<input type="checkbox"/> \$30	<input type="checkbox"/> \$10	
						Total (add up last column)	

2017 Parent/Guardian Permissions

Transportation agreement:

Thomas Township and the Parks and Recreation Staff have my permission to transport my child from the Roethke Park Day Camp, to any and all off site activities. By signing this form, I am acknowledging that I understand that my child will be off site for activities during Day Camp Week.

MEDICAL Agreement:

Thomas Township and the Parks and Recreation Staff have my permission to seek medical treatment for my child, in the event that I cannot be reached for a medical emergency. I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment for, to order injections, anesthesia, or surgery for my child as named on page 1 of the Day Camp Registration Form.

****The following information is necessary to have on file in case of an emergency:****

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Allergies: _____

Does your child know how to handle their allergies? _____

Current Medications: _____

Does your child know when medications are needed? _____

VIDEO TAPING AND PICTURE TAKING:

I understand and give my permission to Thomas Township and the Parks and Recreation Staff to videotape, capture on camera, and use my child's image on the website or in brochures for the use of Thomas Township's Parks and Recreation advertising.

My signature on this form verifies that I understand Thomas Township, its employees and volunteers, shall not be responsible for any injury to my child while participating in this Day Camp Program. I waive and release Thomas Township, its employees and volunteers, from any and all claims.

Parent/Guardian signature

Date

Name of any other person(s) who my child can be released to besides Mother/Father. Your child **WILL NOT** be released to anyone unless so named on this form:
