

# 2016 Roethke Day/Mini Camp Registration

## (Please Complete both sides of this form!)

Child's Name \_\_\_\_\_ Child's Age \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Township \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Emergency Phone \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**There is a 25% discount to second sibling attending camp in the same week.**

Please place an "X" in the box of **ALL Camps and Before/After Care** you are registering for:

Week	Theme	Attending	Before/After Care
June 13-17	Space is the Place		
June 20-24	Animal Planet		
June 27-July 1	Stars & Stripes		
July 5-8	<u>MINI CAMP</u> (4-6yr olds only)	<small>Reduce price this week only</small>	N/A
July 11-15	Outdoor Explorer		
July 18-22	Carnival Craziiness Add'l \$10 for fieldtrip		
July 25-29	Roethke Olympics		
Aug 1-5	Chef for a Week		
Aug 8-12	<u>MINI CAMP</u> (4-6yr olds only)		N/A
Aug 15-19	Under the Sea		

<b>Camp Fees:</b> (Checks payable to Thomas Township Parks)			
	RESIDENT	NON-RESIDENT	Total
# of DAY Camps -----	x \$110 Sibling/same week \$82.50 7/21 field trip +\$10	x \$120 Sibling/same week \$90 7/21 field trip +\$10	=
# of MINI Camps ----- 7/5Camp Reduce price only	x \$80 <u>7/5 camp \$64</u> Sibling/same week \$60, 7/5=\$48	x \$90 <u>7/5 camp \$72</u> Sibling/same week \$67.50, 7/5=\$54	=
# of Before/After Care -----	x \$30 *Not offered for Mini Camp	x \$30 *Not offered for Mini Camp	=
# of Camp Shirts -----	x \$10	x \$10	=
		<b>Total Cost</b>	= -----

**If you would like to purchase a camp shirt for \$10, please Circle the size below.**

Youth Small (6/8)    Youth Medium (10/12)    Youth Large (12/14)    Small    Medium    Large    Extra Large

# 2016 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.

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.