2017 Roethke Day/Mini Camp Registration

(Please Complete Both Sides of this Form!)

Childs 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.

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

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	□ \$110	\$82.50	□ \$120	□ \$90	□ \$30	5 10	
June 19-23 Space Station Vacation	□ \$110	□ \$82.50	□ \$120	□ \$90	□ \$30	□ \$10	
June 26-30 Summer Safari	□ \$110	\$82.50	□ \$120	□ \$90	□ \$30	5 10	
July 3, 5-7 Mini Camp Shipwrecked (4-6yrs only)	□ \$64	\$48	5 72	□ \$54	N/A	\$10	
July 10-14 Party In The USA	□ \$110	\$82.50	\$ 120	□ \$90	□ \$30	□ \$10	
July 17-21 Adventure Awaits	\$ 110	\$82.50	\$120	\$ 90	\$ 30	□ \$10	
July 24-28 Under the Big Top	□ \$120	\$ 90	□ \$130	□ \$97.50	□ \$30	\$ 10	
July 31-Aug 4 Survivor	□ \$110	\$82.50	□ \$120	□ \$90	□ \$30	5 10	
Aug 7-11 Mini Camp Where the Wild Things Are (4-6yrs only)	\$ 80	5 60	□ \$90	□ \$67.50	N/A	□ \$10	
Aug 14-18 Culinary Kids	\$110	\$82.50	\$120	\$ 90	\$ 30	\$ 10	
August 21-25 Beach Bash	\$ 110	\$82.50	\$120	□ \$90	\$ 30	5 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 alle	ergies?					
	needed?					
VIDEO TAPING AND PICTURE TAKING:						
• .,	on the website or in brochures for the use of Thomas					
, •	rstand Thomas Township, its employees and volunteers, shall while participating in this Day Camp Program. I waive and volunteers, from any and all claims.					
Parent/Guardian signature	Date					
Name of any other person(s) who my child can be released to anyone unless so named on thi	n be released to besides Mother/Father. Your child WILL NOT is form:					