



2019 StroudKids Camp Registration

_____ Dansbury Park – Ages 6 -12

_____ Stroudsburg High School – Ages 9-12

_____ Morey Elementary – Ages 4 – 8

			Before Care Morey/Dansbury 7:15 – 9:00 a.m.	Regular Camp All sites 9 – 3 p.m.	After Care SHS/Dansbury 3-6 p.m.
StroudKids (ages 6-12)	8 week	June 17 – August 9	___\$180		___\$640 Paid in full by 5/31
Tots (ages 4 & 5)	8 week	June 17 – August 9 Morey Location Only			___\$640 Paid in full by 5/31

Total _____

must be paid in full the Wednesday before start date	Weekly Rates	1	June 17 – 21	___\$30		___\$100	___\$50
		2	June 24 – 28	___\$30		___\$100	___\$50
		3	July 1, 2, 3 & 5	___\$18		___\$60	___\$30
		4	July 8 - 12	___\$30		___\$100	___\$50
		5	July 15 - 19	___\$30		___\$100	___\$50
		6	July 22 - 26	___\$30		___\$100	___\$50
		7	July 29 – August 2	___\$30		___\$100	___\$50
		8	August 5 - 9	___\$30		___\$100	___\$40

Total _____

Extension Weeks	1	June 10 – 14 Dansbury site only, ages 6 – 12			___\$100	
	2	Aug. 12 – 16 Dansbury site only, ages 6 – 12			___\$100	

Total _____

Meet & Greet - June 6th from 5 – 7 p.m. @ the Dansbury Park Pavilion

No camp July 4th

Last day ends at 12:00 p.m.

A separate form must be completed for each participant

Age eligibility – age as of the first day of camp registered for

Tots program is held at the Morey site only and before/aftercare NOT offered

Before & After Camp program only for campers ages 6 - 15

Swimming activities may not take place every day due to unforeseen circumstances. An appropriate suit & towel should be brought every day.

2019 StroudKids Summer Day Camp Registration & Health Form

PARTICIPANT INFORMATION

Name (last) _____ (first) _____ Date of Birth __/__/__

Home Address _____ City _____ State ____ Zip _____

Municipality: __ East Stroudsburg Borough __ Stroudsburg Borough __ Stroud Township __ other _____

Current School _____

Gender __ Male __ Female

T-shirt size: __YS __ YM __YL __ AS __AM __AL __AXL

PARENT/GUARDIAN INFORMATION

--Name (last) _____ (first) _____

Home Phone _____ Cell Phone _____ Email _____

Employer Name and Phone Number _____

--Name (last) _____ (first) _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Employer Name and Phone Number _____

EMERGENCY CONTACTS

Please list emergency contacts, and all adults who are permitted to pick up child from camp (PHOTO ID REQUIRED). Stroud Region Open Space and Recreation Commission (SROSRC) has my permission to release the above named participant to the following people:

NAME	RELATION	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

*List any individual(s) who is (are) not permitted to pick up child. (A copy of the court order must be provided & please alert staff.)

EMERGENCY MEDICAL INFORMATION

List and explain if there are any special medical conditions, special needs, allergies, or restrictions to be aware of?

Does your child require outside services for behavior or special needs? __NO __YES – ***please complete the outside services form and submit with registration form.***

AUTHORIZATIONS:

Permission is given to SROSRC for the following (*initial all that apply*):

- ☐ In an emergency, SROSRC has my permission to administer first aid
- ☐ I **DO NOT** wish my child to have ANY medical treatment
- ☐ My child may participate in swimming, water activities, & sporting activities
- ☐ My child may be given medication by SROSRC Staff. I understand a medication authorization letter must be completed by a prescribing physician prior to administering (including prescription and over counter medicines not needing to be administered by a nurse):

Name of Medication	Strength (e.g. 50 mg)	Dosage (e.g. 1 pill/5ml)	Time to be taken	Prescribing Physician	Reason for Taking	Additional Instruction

NOTICE OF RISK AND LIABILITY RELEASE

1. I hereby give my permission for my child to participate in the StroudKids Summer Day Camp ("Camp") program and activities
2. I attest that my child is in good health and in proper physical condition to participate in Camp. I have listed any activity restrictions, allergies, medications taken by the child, or any other needs on this form. Further, I agree that I will notify the staff immediately should my child's health condition change at any time during participation in Camp. If I believe the conditions at Camp to be unsafe, I will discontinue my child's participation and notify the appropriate staff.
3. I understand, and acknowledge that any and all rules, guidelines, and safety procedures of Camp are established for the safety and protection of all participants, including my child. I agree, on behalf of myself and my child, that we will comply with all rules and policies established by Camp, and will obey all staff, employees and assistants, of Camp and SROSRC.
4. I recognize, understand, and acknowledge that participation in Camp may involve risk and danger of serious bodily injury, permanent disability, paralysis and death.
5. I acknowledge that SROSRC prohibits the use of controlled substances, tobacco products, alcoholic beverages, and possession of weapons at all Camp locations. Failure to comply with these restrictions will result in immediate dismissal of your child from Camp with no refund of your registration fees.
6. I recognize that failure to comply with the rules and guidelines may result in immediate suspension or dismissal from Camp.
7. The staff and/or sponsors have my permission to photograph my child. I understand that these photographs may be used in promotional brochures, flyers, or news releases.
8. In consideration of my child's participation in Camp, I the under-signed, on behalf of myself and my minor child, do hereby release, discharge, and covenant not to sue SROSRC, its directors, service providers, members, volunteers, and employees from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of SROSRC, including negligent rescue operations. I further agree that if, despite the Release, I, the minor, or anyone on the minor's behalf makes a claim against SROSRC, I will indemnify, save, and hold harmless SROSRC from any litigation expenses, attorney fees, loss, liability, damage, or any costs that may incur as the result of any such claim.

PROGRAM REFUND POLICY

All refund requests must be made two weeks before the start of camp. Refund requests made after camp starts will be evaluated for approval. If approved, the refund will be pro-rated based on the number of days since camp started. Refunds will be processed within 30 days of approved request. In the event a child is suspended or dismissed from the camp program, a refund will not be issued. **A \$35 service charge will be assessed on all refund requests.** A full refund will be issued if the Commission cancels a program.

I HAVE READ AND UNDERSTAND THE AUTHORIZATIONS, NOTICE OF RISK AND LIABILITY RELEASE, AND THE PROGRAM REFUND POLICY

Signature _____ Date _____

TOTAL PAYMENT DUE

<u>Camp Fee</u>	<u>Before Camp</u>	<u>After Camp</u>	<u>(*Friends Member 5% Discount)</u>	<u>Total Due by May 31, 2019</u>

___ **Payment in Full:** ___ Date Received ___ Amount ___ Cash/Check/Credit Card

___ **Payment Plan:** *I acknowledge that payment must be made in full by May 31, 2019. Any outstanding balance could result in delay or being withdrawal from camp.*

Signature: _____ Date: _____

For Office Use Only:

Date Received	Amount Received	Cash, Check or Credit Card	Balance Remaining	Employee Initials

Checklist of forms to be completed & returned

__Registration Form

__Camp Guidelines and Expectations Signature Page

__Outside Service Form (if applicable)