



COMMUNITY LIFESTYLE

2019 Summer Camp Application

Participant's Information:

Child's Name (Print): \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_
Gender: M / F School Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

SPORTS CAMP (Ages: 8-12yrs) 9:00am - 5:00pm
[ ] SOCCER CAMP July 1-July 12 (No Camp 7/4)
[ ] BASKETBALL CAMP July 15- July 26
[ ] MARTIAL ARTS CAMP July 29-Aug 9
[ ] FLAG FOOTBALL CAMP Aug 12-Aug 23

SPECIALTY CAMP (Ages: 8-12yrs) 9:00am - 5:00pm
[ ] SWIM CAMP July 1-July 12 (No Camp 7/4)
[ ] PERFORMING ARTS CAMP July 15- July 26
[ ] COOKING CAMP July 29-Aug 9
[ ] S.T.E.M CAMP Aug 12-Aug 23

TEEN LEADERS CAMP (Ages: 13-16yrs) 9:00am - 3:00pm
[ ] July 1-July 5
[ ] July 8- July 12
[ ] July 15-July 19
[ ] July 22-July 26
[ ] July 29-Aug 2
[ ] Aug 5-Aug 9
[ ] Aug 12-Aug 16
[ ] Aug 19-Aug 23

Emergency Medical Information

(Please check, if the participant has a history of any of the following)

- [ ] Asthma [ ] Contact Lens
[ ] Diabetes [ ] Heart Trouble
[ ] Fainting Spells [ ] High Blood Pressure
[ ] Convulsions [ ] Other\_\_\_\_\_

PLEASE LIST ANY ALLERGIES, BEHAVIORAL, PHYSICAL OR MEDICAL PROBLEMS/CONCERNS:

ADVENTURE CAMP (Ages: 5-7yrs)

[ ] HALF DAY 9:00am - 12:30pm [ ] FULL DAY 9:00am -5:00pm

- [ ] July 1-July 5 (No Camp 7/4) HOLIDAY WEEK
[ ] July 8- July 12 MUSIC MAKERS WEEK
[ ] July 15-July 19 SAFARI WEEK
[ ] July 22-July 26 DINOSAURS WEEK
[ ] July 29-Aug 2 SUPERHEROES WEEK
[ ] Aug 5-Aug 9 GAME SHOW MANIA WEEK
[ ] Aug 12-Aug 16 MAD SCIENCE WEEK
[ ] Aug 19-Aug 23 OLYMPICS WEEK

Reminder: Your child is not registered in any session until parent or guardian completes all paperwork.

Reminder: Space is limited for each camp; we are enrolling on a first come first serve.

Reminder: Campers must wear their camp shirts at all camp trips.

Reminder: All parents or guardians must help with fundraising or volunteering for 1 or more weeks during the summer camp.

Reminder: All staff / volunteers will go through a background check before interacting with any camper.

[ ] I (parent or legal guardian) understand that I will need to attend a Mandatory Parent Orientations in order for my child to be registered in any Summer Camp session. Please check which session you will be attending:

- [ ] Tuesday June 11th 6:30pm [ ] Tuesday June 18th 7:30pm
(Location for Parent Orientation will be 221 Jackson Street)

**Parent's Information:**

Mother's Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Cell: \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Work No.: \_\_\_\_\_  
Who is Guardian?  Both Parents  Mother  Father  Grandparents  Guardian

**Emergency Contact/Authorized Pick-Up:**

Person(s) authorized to pick-up and/or contact in case of emergency, if neither parent is available. These people are required to show identification when picking-up your child and must be 18-years old and over.

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Health and Insurance Information:**

Does your child have health insurance?  No  Yes  
If no, would you like information/resources regarding health insurance?  No  Yes  
Child's Physician: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Insurance Provider: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Parent Agreements**

- 1. I hereby certify that I am the parent or legal guardian of and I am authorized to execute this Registration and Waiver on Participant's behalf.
- 2. I hereby certify that Participant is in normal health and can participate safely in the Community Lifestyle Programs/Events.
- 3. I hereby authorize the Community Lifestyle Directors to act in my behalf in accordance with their best judgment in case of an emergency and to obtain necessary medical treatment for my child with the understanding that the family will be notified as soon as possible.
- 4. I, on my own behalf and on behalf of Participant, hereby forever release and discharge the Community Lifestyle and the subsidiaries, affiliates, parent companies, partners, predecessors, assigns, present and former officers, owners, shareholders, directors, agents, and employees of each and every one of the aforesaid entities against any and all causes of action, claims, suits, controversies, agreements, promises, judgments, demands or claims whatsoever, that I or my spouse, heirs, executors, administrators, successors or assigns have or hereafter, at any time, shall or may have arising out of or in connection with Participant's participation in the Community Lifestyle Programs/Events, whether arising due to negligence or otherwise.
- 5. In consideration of the good will, public service, and community aid provided by Community Lifestyle, which I support and from which I have received benefit, I hereby grant permission to Community Lifestyle to use Participant's name, to take and publish photographs, videotapes or motion pictures of him/her which include his/her voice, in any media for any legitimate purpose. I release all rights to such photographs, videotapes, motion pictures and recordings. I acknowledge that you are the sole owner of all rights arising out of their use for all purposes. I understand that I shall receive no compensation from their use from any source whatsoever.
- 6. I, as a parent or guardian, am willing to participate as a volunteer in support of this program to the extent that I am able (subject to reference and background check)

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_