

Payment Book Needed

Referred By: _____

SHIRT SIZE _____

2018 CAMP 99 REGISTRATION FORM

CAMPER'S NAME _____ AGE AT TIME OF CAMP _____

Parent's Name _____

Address _____ City, State _____ Zip _____

Cell _____ Email _____

IMPORTANT!! Emergency contact phone number during camp hours _____

Registration Date: _____

Early Registration Fee (if paid by 9/30/2017) - \$99 Registration Fee - \$150 Paid Cash Check # _____

FULL SUMMER PROGRAM (June 18 to August 29) - \$1309.00

WEEKLY RATES (If not participating in the Full Summer Program)

5 Days - \$169 / 4 Days - \$159 / 3 Days - \$149 / 2 Days - \$119

Check weeks campers will be attending:

<input type="checkbox"/> June 18 - June 22	<input type="checkbox"/> Full	<input type="checkbox"/> Partial #days _____	<input type="checkbox"/> July 30 - Aug. 3	<input type="checkbox"/> Full	<input type="checkbox"/> Partial #days _____
<input type="checkbox"/> June 25 - June 29	<input type="checkbox"/> Full	<input type="checkbox"/> Partial #days _____	<input type="checkbox"/> Aug. 6 - Aug. 10	<input type="checkbox"/> Full	<input type="checkbox"/> Partial #days _____
<input type="checkbox"/> July 2/3 - July 5/6	<input type="checkbox"/> Full	<input type="checkbox"/> Partial #days _____	<input type="checkbox"/> Aug. 13 - Aug. 17	<input type="checkbox"/> Full	<input type="checkbox"/> Partial #days _____
<input type="checkbox"/> July 9 - July 13	<input type="checkbox"/> Full	<input type="checkbox"/> Partial #days _____	<input type="checkbox"/> Aug. 20 - Aug. 24	<input type="checkbox"/> Full	<input type="checkbox"/> Partial #days _____
<input type="checkbox"/> July 16 - July 20	<input type="checkbox"/> Full	<input type="checkbox"/> Partial #days _____	<input type="checkbox"/> Aug. 27 - Aug. 29	<input type="checkbox"/> Full	<input type="checkbox"/> Partial #days _____
<input type="checkbox"/> July 23 - July 27	<input type="checkbox"/> Full	<input type="checkbox"/> Partial #days _____			

Camper's first day of camp will be: _____ Camper's last day of camp will be: _____

Approximate Drop Off Time: _____ Pick Up Time: _____

CAMPER MUST BE ENROLLED FOR THE FULL 11 WEEK SEASON TO QUALIFY FOR THE REFERRAL PROGRAM.

FULL CAMP PAYMENT & IMMUNIZATION RECORDS MUST BE RECEIVED BY JUNE 10, 2018.

CAMP 99 will be held at the Magnolia Community Center, located at 425 Brooke Ave, Magnolia, NJ. The camp hours are 7:00 am to 6:00 pm, Monday through Friday.

TERMS OF ENROLLMENT/LIABILITY WAIVER:

- CAMP 99 is not responsible for camper's personal belongings if lost, stolen or damaged. CAMP 99 will make every effort to provide proper supervision so that losses will be at a minimum.
- CAMP 99 will charge a late fee of \$20 per 15 minutes for children left in our care after the 6:00 pm closing time. This fee is due and payable upon pick up of child(ren).**
- Directors reserve the right to deny, cancel, sever, or suspend a child's enrollment if deemed in the best interest of the camper or CAMP 99, in which case the deposit or unused camp fee will NOT be refunded. If your child's behavior continually causes a severe disruption to the camp experience of another child or children, they will be dismissed and any unused camp fees will NOT be refunded.**
- I authorize CAMP 99 to use camp photos that may include my child(ren) on social media and in print.
- Camp balances must be paid in full by June 10th. Campers will not be accepted into camp until balance is paid in full. No reduction or allowance will be made for the late arrival or early withdrawal of a camper. No allowance will be made for any interruption in the camp season due to illness, family vacation, etc.
- Registration fees, deposits and unused camp balances are NON-REFUNDABLE. Deposits are non-transferable.
- There is a \$30 service fee for returned checks. In the instance of a returned check, we reserve the right to accept only a guaranteed form of payment (ie. certified check, cash, or credit card).
- Make checks payable to: Camp 99. Our mailing address is P.O. Box 356, Ocean City, NJ 08226.

I realize every precaution is taken to eliminate any injuries or hazards, however, in the event of an injury, I hereby waive, release and hold harmless from any liability for damages for personal injury, including accidental death, as well as from claims for property damage which may arise in connection with the above named activity, against the director, CAMP 99, it's officers, agents, employees, affiliates, and volunteers. In case of an accident or other emergency, personnel of CAMP 99 and/or its agents are hereby authorized to secure medical care if deemed necessary as a result of accident or injury of participant. I further agree to pay any and all costs incurred as a result of said treatment.

PARENT/GUARDIAN SIGNATURE: _____ DATE _____

Cash Check # _____ C.C. _____ Exp. _____ CVV _____ Billing Zip _____

CAMP 99 Important Information Form

Child's Name: _____ Age: _____ Sex: _____ D.O.B.: _____

Parent or Guardian Name: _____

Phone Contact: Home/Cell: _____ Work: _____

Email Address: _____

IN CASE OF EMERGENCY:

Emergency Contact: _____ Number: _____

Alternate Contact: _____ Number: _____

Preferred health care facility: _____

(nearest one if none preferred)

Family Doctor: _____ Number: _____

(Physician on staff if none entered)

GENERAL HEALTH INFORMATION: PLEASE SUBMIT A COPY OF YOUR CHILD'S IMMUNIZATION RECORD

Does your child experience frequent: *(Check all that apply)*

- Headaches Strep/Sore Throat Ear Infections Respiratory Infections Stomach Virus/Cold/Flu

Recent Medical Attention or Serious Injuries: _____

RECOMMENDATIONS & RESTRICTIONS WHILE AT CAMP:

Restricted activities or physical limitations of camper: _____

Suggestions or health-related information: _____

If medication is to be administered at camp, please fill out Medical Form included in Registration Packet.

Behavioral or emotional information: _____

Seasonal Allergies & Treatment: _____

Food Allergies & Treatment: _____

HEALTH HISTORY STATEMENT

This health history is correct to the best of my knowledge, and the camper listed above has permission to engage in all camp activities without limitations except as noted.

EMERGENCY AUTHORIZATION:

In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp director to secure proper treatment for the person named above.

The following persons are authorized to pick up my child(ren):

Signature: _____ Date: _____

By typing your name here, this acts as your signature in an electronic format.

CAMP 99

CAMPER MEDICAL FORM

CAMPER'S NAME _____

I authorize CAMP 99 staff to administer the medication listed below as prescribed by my physician.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Name of Medication to be Administered: _____

List the condition for which the medication is being used and any cautionary information specific to the medication:

The instructions for administration, including the dosage and frequency of administration:

List date, time and name of the person administering the medication to the camper:

List any medication errors and any adverse drug reactions:

The health director shall inform the prescribing physician of any medication error or adverse drug reaction. The health director shall return any unused medication to the camper's parent or guardian within three working days after the camper's last day. The health director shall destroy any medication he or she is unable to return.