

## East Goshen Summer REC Camp Registration 2016

Child's name	Grade Entering Fall 2016	Birth date	Check weeks you are enrolling your child (starting date)				
			6/27	7/5	7/11	7/18	7/25
			6/27	7/5	7/11	7/18	7/25
			6/27	7/5	7/11	7/18	7/25

*\*Field Trips= WK 1, Elmwood Park Zoo; WK 2, Arnold's; WK 3 Oasis; WK4 Regal Cinemas; WK5 French Creek State Park, Swimming Field Trip Schedule subject to change*

Parent/Guardian Name: \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Person to contact during the time the child is at the Program: \_\_\_\_\_

The above person's relationship to the child: \_\_\_\_\_

**Your email address: (please print)** \_\_\_\_\_

**Emergency Contact Info:** \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

The Following person is NOT authorized to pick up Participant\*: (Please provide name and relationship)

Name: \_\_\_\_\_

\*Appropriate paperwork, such as a divorce decree or other legal documents must be attached if a parent is not allowed to pick up the child.

*I the undersigned, intending to be legally bound for myself, my heirs, executors, administrators, and assigns, hereby waive and release any and all rights and claims for damages I may now or hereafter have against East Goshen Township and their respective employees for any and all damages which may be sustained by me or my family arising out of participation in the above activity. PHOTOGRAPHIC RELEASE. By signing below, I give consent that videotapes, photographs, recordings, motion picture film and/or electronic images of me and other participants may be used by the Township, and its successors and assigns in any and all publications and other media in order to increase community awareness of East Goshen Township programs. I give my consent that such photographs, recordings, motion picture film and/or electronic images and the plates, tapes, and/or software from which they are made shall be the property of the township and the Township has the right to sell, duplicate, reproduce and make such other uses of such photographs, recordings, motion picture film and/or electronic images of me as it desires free and clear of any claim on my part.*

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_ *I choose to opt out of the PHOTOGRAPHIC RELEASE (please initial)* \_\_

(If you are signing up a child for another person, please take a Registration Form for them. They can sign and return. In the mean time, their child is tentatively registered by the check you submitted.)

**IMPORTANT: Everyone must fill out the Medical Authorization and Consent Form for Medical Treatment.**

Fee: \$ 90 per week per child for residents of East Goshen /\$100 for non-residents

\$10 less for the week of July 4th (No Monday Camp)

\$ 180 for the full day camp (7/18-7/22) & (7/25 – 7/29) / \$190 for non-residents

\$ 7 per week discount per child for 3 or more children enrolled in the program

Click here for online payment

Amt Pd \_\_\_\_\_

Check # \_\_\_\_\_

**People authorized to pick my child- please print:**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

See other side

Medical Conditions Form for   
2016 Summer Youth Recreation Camp

**Medical Information**

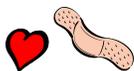
Does your child have any known allergies? \_\_\_\_\_

What are your child's symptoms of exposure? \_\_\_\_\_

Does your child have medication in case of exposure to a known allergen (ie. Epi-Pen or Inhaler)? \_\_\_\_\_

Does your child have any identified Special Needs (physical, emotional, cognitive, and developmental), Medical or Personal Care needs: If yes, what are the best ways staff members can support your child at camp? Are there any triggers for behavioral outbursts?

We will always call if your child receives first aid at camp for more than a minor scrape.



**Medical Authorization and Consent for Medical Treatment**



Name(s) of Minor Child (ren) to whom this Authorization applies: \_\_\_\_\_

I/ We, the undersigned, authorize East Goshen Township, its agents, servants and employees to act in my/our places and stead and do consent to the Township securing for my/our child emergency treatment needed to be performed and administered to my/our child should the Township determine the same to be necessary. This shall include, but not necessarily be limited to *administration of first aid* as the exigencies of the situation shall dictate, *transportation to a physician, hospital or other health care providers* and *authorizing the rendering of necessary medical care and treatment by such physician, hospital and/or other health care providers if deemed necessary prior to my notification*. I/We do hereby release and hold harmless the Township, its agents, servants and employees from any and all liability, known or unknown, arising out of the actions or the inactions of the Township, its agents, servants and employees in securing and arranging for such transportation and/or emergency medical treatment for my/our child.

This Authorization and Consent is effective from the date designated below and shall remain in full force and effect for such period of time s my/our child is enrolled and/or participating in a park, recreation or other program sponsored or conducted by East Goshen Township, Chester County, Pennsylvania.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_