

# Summer Day Camp 2020

## Parent/Guardian Contract

Please know that no matter which parent/guardian signs this form, all parents/guardians involved will be held to the same standard.

1. I understand I must follow all guidelines in the Summer Day Camp/Guardian Guide 2020. Failure to do so can result in my child's dismissal from the Summer Day Camp program.
2. I understand I must complete all forms needed for my child's care at the YMCA.
3. I understand payments are due every Friday. If I do not pay tuition when due, I may be charged a \$10 late fee per child per week. My child may not attend until all fees are paid.
4. I understand that there may be times when the Summer Day Camp program cannot meet the needs of my child. In such cases, the YMCA will release my child from the program.
5. I understand if I am called to pick up my child due to illness or behavior, I must do so in a timely manner. Failure to do so can result in immediate dismissal, and after one hour late pick-up fees apply.
6. I understand if my child is injured, and the injury can be fixed with a band-aid, I will not be called. For all other injuries, parent/guardian will be notified.
7. I understand that if my child is not picked up at the end of their camp day on time, my account will be charged a late fee in the amount of \$1.00 per minute/per child based on the YMCA clock until my child is picked up.
8. I understand that when my child is ill, he or she may not be accepted to camp.
9. I understand that my child will not be released to any person(s) not listed on the camp permission form.
10. I understand that my child will not be released to any person(s) who seem to be under the influence of drugs or alcohol.
11. I understand that my child must be signed in and out daily by myself or my designee (as listed on the permission form.)
12. I understand the YMCA Behavior Management Guidelines will be followed and enforced.
13. The YMCA reserves the right to terminate services if it is determined that the placement is unsatisfactory.
14. All children enrolled in Summer Day Camp shall behave in a manner that promotes an environment that is nurturing, orderly, safe and conducive to learning and personal social development. Campers will help create an atmosphere free from bullying, intimidation and harassment. They will demonstrate honesty and trustworthiness. They will treat others with respect, deal peacefully with anger, use good manners, and be considerate of the feelings of others.
15. The YMCA is an inclusive, family-friendly organization. We expect all our members, program participants and guest to model our four core values--Caring, Honesty, Respect, Responsibility--in their conduct and language. The Tri-County YMCA has the right to deny application, terminate or suspend for individual or family memberships or participation in all YMCA programs at our sole discretion if actions or behaviors are not deemed in the best interest of the organization. The Tri-County YMCA has sole discretion to reinstate members and participation privileges in YMCA programs and activities.

---

Child's Name

---

Parent or Guardian Signature

---

Date

# WELCOME TO



## Camp High-Tor

Thank you for choosing to send your child to Camp High-Tor! Please be sure and follow the directions below to ensure proper registration. If you have any questions about this registration packet, please ask a YMCA staff member to assist you.

Directions for selecting your child's summer camp experience:

1. Review the camp brochure and select the weeks your child will attend camp.
2. Check the box of camps and activities that your child will be participating in.
3. Choose the days your child will attend by circling the appropriate letter(s) on the weekly camp registration form. **There is a 3-day minimum.**
4. If your child wishes to attend the weekly scheduled field trip, please check the box and make sure your child meets the minimum age requirement. Field Trips require full payment and **must** be paid by the Monday before the trip. **All field trips will be on Wednesdays.** Trips are limited to 70 participants on a first come first served payment basis. **These payments are non-refundable and non-transferable.** If there is inclement weather that would not make a field trip possible (ie Wave Pool, Heritage Farms) an alternate field trip will be taken if one is available.
5. Fill out all the appropriate remaining permission forms and sign the waiver.

### Camp Age Divisions

Adventure Camp:

Age 5 by 6/1/2019-Completion of 5th grade

Leaders in Training Camp:

Completion of 6th grade-Completion of 8th grade

Counselors in Training Camp:

Completion of 9th grade-Age 17

**\*If campers are entering Kindergarten we need a copy of their Birth Certificate.**

**ALL CAMPERS ARE REQUIRED TO HAVE CURRENT SHOT RECORDS ON FILE.**

**PLEASE SEE BROCHURE FOR MORE DETAILED INFORMATION**

The Tri-County YMCA operates on a nondiscriminatory basis with regard to race, religion, creed, ethnicity, gender, ability, or marital status of parents. We wish to extend an invitation to you and your child to learn, discover, and grow with us.



# Parents, please keep this page for your records.

## What your child will need at Camp each day:

Please bring only suggested items and ensure that they are labeled with their name. Your child will be responsible for carrying whatever is brought to camp. We do not provide storage lockers for campers.

Towel – Many towels look alike so PLEASE help our staff by labeling your child's towel.

Sunscreen – Please be sure to apply sunscreen liberally to your child **before** arriving at camp. We do not provide sunscreen but we will remind campers to reapply and help as needed.

Bathing Suit – Your child may wear his/her bathing suit underneath their clothes or change in our locker room.

Hat – Hats are recommended for those campers prone to sunburn.

Water Bottle – While we do provide large water stations for campers throughout the campgrounds, we require that all campers bring their own labeled water bottle.

## Items Not Permitted At Camp:

Do not allow your child to bring iPods, hand-held video games, radios, tablets, cell phones, valuable toys, role playing card games (Pokemon, Yu-Gi-Oh, Magic the Gathering, etc. ), roller blades, Heelies, knives, lighters or weapons. These items will be confiscated by staff. The YMCA is not responsible for lost or stolen items at camp. Campers are responsible for everything they bring with them to camp.

## Behavior Policies:

We want camp to be an enjoyable experience for all who participate. In order to ensure a positive environment, we have established a set of rules and guidelines that campers are expected to follow. Continuous aggressive and uncooperative behavior is subject to dismissal from camp temporarily or permanently. Camp staff will adhere to the following disciplinary guidelines and procedures:

### Minor Offenses

Step 1: Counselor will speak with the child and try to redirect the behavior

Step 2: Child will be placed in time out

Step 3: Exclusion from activity and/or group and possibly sent to Camp Director

Major Offenses (i.e., foul language, stealing, violence, hitting, leaving group, lack of respect to counselor)

Step 1: Camper will be taken to one of the directors

Step 2: Discipline action depends upon the offense and is at the discretion of the Camp Director

Step 3: Child is written up for the offense and parent is notified in writing

Step 4: After the second written discipline form, child is suspended for 2 days

Step 5: After the third written discipline form, child is suspended from camp for a period to be determined.

At the discretion of the Camp Director, a child may be expelled from camp at any time for major behavioral offenses.

# Parents, please keep this page for your records.



**CAMPER INFORMATION & REGISTRATION FORM**

MALE     FEMALE

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Ethnicity: \_\_\_White/Caucasian\_\_\_Black/African American\_\_\_Hispanic\_\_\_Asian\_\_\_Mixed\_\_\_Other

Member of the YMCA \_\_\_\_\_ Grade next year? \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mothers Name \_\_\_\_\_ Phone \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Fathers Name \_\_\_\_\_ Phone \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Father's Employer \_\_\_\_\_

With whom does the child primarily live with?

BOTH PARENTS     MOTHER     FATHER     OTHER

If you checked OTHER please list name(s) below:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

List other children in camp: \_\_\_\_\_

**CAMP FEES:**

Who is responsible for the payment of fees? \_\_\_\_\_

I understand that all payments must be made in full no later than the Friday before my child will attend camp. I also understand that no payments will be accepted at the Camp High-Tor facility. All payments must be made at the main YMCA facility.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**EMERGENCY CONTACTS:**

Please do not list parents or guardians. We must have complete addresses.

CONTACT #1 \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

CONTACT #2 \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

CONTACT #3 \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

In order to communicate with parents about events or closing with Camp High-Tor, we will use Social Media, our Tri-County YMCA app and direct texts to parents. Please follow tricountyyymcawv or join our YMCA Camp High-Tor group on Facebook. If you would like to be texted about closing for Camp High-Tor, please list a number below. We can only attach one cell phone number to each child.

Yes, I opt into being added to "Remind Me" to get text information about Camp High-Tor.

Cell Phone \_\_\_\_\_ Carrier \_\_\_\_\_

**Alternate Field Trip Action**

Occasionally, a situation arises that requires us to change or cancel a field trip at a moment's notice. The following is the Action Plan for such situations.

If you have attached a cell phone number to your child, we will send a text to that number. We will immediately post the alternate field trip site on the Tri-County YMCA Facebook page and the YMCA Camp High-Tor page.

It is your responsibility to check these avenues of contact so that you are aware of any changes.

If you signed your child up for the field trip at the time of registration and now have a conflict (ie. Doctor's Appointment, change in pick-up, etc.), it is YOUR responsibility to let your child know not to attend the field trip.

We will never depart before 10 am for a field trip and we will always plan to be back to camp by 4 pm. If your child is attending the field trip, please plan to pick up no earlier than 4:30 pm to allow the bus to turn around and the campers to get off the bus safely.

**RELEASE FORMS**

**Tri-County YMCA Camp High-Tor**

Campers Name \_\_\_\_\_ Age \_\_\_\_\_

**PICTURES**

I DO  I DO NOT give permission to have my child appear in any media coverage including photographs, audio or visual recordings or verbal statements approved by the Tri-County YMCA. This includes, but is not limited to, social media, website, program guides, or TV advertisements.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**TRAVEL AUTHORIZATION**

In order to participate in field trips, this section must be accepted and signed!

I DO  I DO NOT give permission to have my child to leave the Day Camp or Specialty Camp program to participate in special events or field trips. I understand that they may be transported in the YMCA bus, county school bus, and/or charter bus.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**RELEASE INFORMATION**

Please list all persons with whom the child may leave the program. It will be automatically assumed that children can leave with parents unless otherwise noted below!

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

If your child must leave the program with someone not listed here, you must provide written verification in person to the Camp Director before the child can be released.

If there are persons with whom your child is not permitted to leave the program with, please list them below:

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

Note: In order to have authority to enforce restraining orders or limited custody arrangements, a copy of a divorce decree or restraining order must be on file with the Summer Day Camp program.

**WAIVER OF LIABILITY**

I desire to register my child in the YMCA Day Camp program. I understand that my child will be involved in a variety of physical activities. In consideration for allowing my child to participate in the YMCA Day Camp program, I agree to assume the risk of such a program, and further agree to hold harmless the YMCA and its staff members and/or volunteers conducting the program from any and all claims, suits, losses, or related causes of action for damages, including but not limited to such claims that may result from my child's injury or death, accidental or otherwise, during or arising in any way from the Day Camp program.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

# Health Form

This form will be presented upon admission for treatment

## INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance \_\_\_\_ Yes \_\_\_\_ No

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

Carrier Address \_\_\_\_\_

Name of insured \_\_\_\_\_ Relationship to participant \_\_\_\_\_

SSN of policy holder or insurance ID number \_\_\_\_\_

### Permission to Provide Necessary Treatment or Emergency Care:

I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine test, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary transportation for my child or me. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the program director to secure and administer treatment, including hospitalization. This complete form may be photocopied for trips out of camp. I agree to pay the entire costs and fees contingent on any emergency medical care and or treatment for my child as secured or authorized under this consent.

Signature of parent/guardian \_\_\_\_\_

Staff Witness \_\_\_\_\_ Date \_\_\_\_\_

Every effort will be made to notify parent/guardian immediately in case of emergency.

If for religious reasons you cannot sign this please contact the Camp Director.

## Allergies

## Describe reaction/management of reaction

### Medication Allergies

_____	_____
_____	_____
_____	_____

### Food Allergies

_____	_____
_____	_____
_____	_____

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**SPECIAL NEEDS**

Please indicate below if your child has been diagnosed with any of the following:

- ADD                       DD                       Cerebral Palsy                       Rhetts Syndrome                       Severe Allergy  
 ADHD                       PDD                       Bipolar Disorder                       Down's Syndrome                       Autism                       ODD  
 Asthma                       Asperger's                       OCD                       Fragile X                       Tourette's                       Other

Does your child have an IEP?                       Yes                       No                      If yes, please submit

Does your child have a behavioral management plan?                       Yes                       No                      If yes, please submit

Does your child have a Section 504 Student Accommodation Plan?                       Yes                       No                      If yes, please submit

If your child has been diagnosed with any of the above disabilities and an IEP/BMP/504 is not in place, a Special Needs form will be required before you can register.

NOTE: All Special Needs cases requesting one-on-one staff/child ratio must be approved by Family Services Director prior to registration. Please contact Angel Anderson at 304.757.0016.

**Any of the above items must be discussed with the Family Services Director prior to your child's attendance .**

**Please Note:** Failure to disclose any medical conditions prior to your child's attendance at Tri-County YMCA's camp program may result in them being unable to attend the camp program.

In accordance with the requirements of Title III of the Americans with Disabilities Act of 1990, Tri-County YMCA will not discriminate against any individual on the basis of disability. Tri-County YMCA will make reasonable modifications in policies, practices, or procedures when such modifications are necessary to afford its services and facilities to individuals with disabilities, unless the modification would fundamentally alter the nature of its services.

**This form will not be considered valid by the hospital unless the signature is witnessed or notarized.**

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Witness

\_\_\_\_\_  
Date



**CHILD CARE CENTER MEDICATION AUTHORIZATION**

Name of Child: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Time/Frequency: \_\_\_\_\_

Route:  Oral  Topical  Inhaled  Injection  Other

Date to Start: \_\_\_\_\_ Date to stop: \_\_\_\_\_ Expiration: \_\_\_\_\_

Additional Instructions/Comments: \_\_\_\_\_

Known side effects: \_\_\_\_\_

**FOR PRESCRIPTION MEDICATION**

Prescribing Health Care Provider: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**FOR CONTROLLED SUBSTANCES**

Amount of Medication Received: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_

I authorize (*child care center*) \_\_\_\_\_ personnel to administer the medication named above to my child in the manner as stated. I release any liability in relation to the administration of this medication. I also acknowledge that I, the parent/guardian, have given the first dose of this medication without any allergic or unexpected reactions.

Parent/guardian printed name: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

**RETURN OR DISPOSAL OF MEDICATION**

Return Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Disposal Date: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

Witness to Disposal: \_\_\_\_\_

Request for Medication Administration

Section I: Physician's instructions: (Name of Child) \_\_\_\_\_

needs the following medication: \_\_\_\_\_

Dosage \_\_\_\_\_ Time to be given \_\_\_\_\_

Form of medication:

\_\_\_\_ Tablet/capsule      \_\_\_\_\_ Liquid      \_\_\_\_\_ Injection
\_\_\_\_ Inhaler              \_\_\_\_\_ Nebulizer
\_\_\_\_ Other (explain) \_\_\_\_\_

Possible side effect to watch for: \_\_\_\_\_ None anticipated \_\_\_\_\_

Expiration date (not to exceed 6 months from date of this request): \_\_\_\_\_ for Episodic/Emergency only \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Note: If medication or vitamin is a prescription from pharmacy, physician's instructions and signature will not be required. Instead the parent/Guardian completes the following sections:

Rx Number \_\_\_\_\_ Pharmacy \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Section I does not need to be completed for certain nonprescription items; fever-reducing medicines that do not contain codeine, and topical ointments, creams or lotions.

Section II: Parent/Guardian Request for Administration of Medicine, Vitamin, Food Supplement or Modified Diet. I hereby request and give permission to the administrator or his delegate to administer the following medication, vitamin, or special diet to:

(Name of Child) \_\_\_\_\_ Name of item to be given \_\_\_\_\_

Dosage \_\_\_\_\_ Time to be given \_\_\_\_\_

Form of medication:

\_\_\_\_ Tablet/capsule      \_\_\_\_\_ Liquid      \_\_\_\_\_ Injection
\_\_\_\_ Inhaler              \_\_\_\_\_ Nebulizer
\_\_\_\_ Other (explain) \_\_\_\_\_

Section III: Medication Given (Name of Child) \_\_\_\_\_

Table with 5 columns: Date, Time Given, Name of Medication, Vitamin, Etc., Amount Given, Staff Signature. It contains 5 empty rows for recording medication administration.

—CONFIDENTIAL—

## Medication Order for West Virginia Public Schools — Putnam County (HS-18)

Student Name _____ Last First MI	Birthdate _____
Address _____	Age _____
Telephone Number _____	School Year _____ Grade _____
School _____	(Homeroom) Teacher _____

This form must be filled out and signed by a licensed prescriber and the parent/guardian for all medication to be given in the school setting. A separate order is required for each medication and orders are good for the current school year only. All medication changes (dosage, time, etc.) require the completion of another form. A photograph of this student may be taken to assist in the correct administration of medication. Medication may be given by unlicensed school personnel to whom the nurse has delegated medication administration and trained to administer medication. All medication must be sent to school in the original container bearing the student's name. Medication will not be administered at school if information is incomplete.

Name of medication \_\_\_\_\_ Expiration date of order \_\_\_\_\_

Reason for Medication Administration (Medical Diagnosis) \_\_\_\_\_

Dosage \_\_\_\_\_ Route or method of administration \_\_\_\_\_

Time to be administered \_\_\_\_\_

Side effects to watch for \_\_\_\_\_

Comments/Special Instructions \_\_\_\_\_

Student Allergies \_\_\_\_\_

*\*If rectal diazepam, may this medication be administered by unlicensed personnel? Yes or No (circle one)*

*\*May this student self-administer this medication if permitted by county policy? Yes or No (circle one)*

*\*May this student carry this medication on his/her person if permitted by county policy? Yes or No (circle one)*

Prescriber's Name (please print) \_\_\_\_\_ Telephone Number \_\_\_\_\_

Prescriber's Address \_\_\_\_\_ Fax Number \_\_\_\_\_

Prescriber's Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that, whenever possible, all medications should be given at home. I give permission for \_\_\_\_\_ to take the above medication at school according to county policy. I also understand and agree that the school nurse may talk with the clinician and his or her staff, as well as school personnel, regarding the student's condition and administration of this medication and its effects. I further understand that the school, county school board and its employees and agents are exempt from any liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the student and agree to indemnify and hold harmless the school, the county board of education and its employees or guardians and agents against any claims arising from the self-administration of medication.

Parents must transport medication to and from designated personnel at the school. Parent assumes responsibility in "change of location" of medication according to Putnam County School Policy.

Parent/Guardian signature to approve administration of medication \_\_\_\_\_

Daytime phone number \_\_\_\_\_

### CAMP HIGH-TOR WEEKLY REGISTRATION

Child's Name:	Age:
---------------	------

#### OFFICE USE ONLY

Week 1	June 1-5	School's Out For Summer
		<b>Days Attending</b>
Adventure Camp		M T W TH F
Leaders in Training		M T W TH F
Counselors in Training		M T W TH F
<i>**Please circle the days child is attending.</i>		

Member-Full Week	\$ 130.00	
Non-Member Full Week	\$ 160.00	
Additional Child*	\$ 115.00	
<i>*Full Week/Members Only</i>		
Member - 3 Days	\$ 100.00	
Non-Member 3 Days	\$ 125.00	
Counselor In Training	\$ 25.00	
<b>Total Due</b>		
<b>Amount Paid</b>		

Child's Name:	Age:
---------------	------

#### OFFICE USE ONLY

Week 2	June 8-12	Secret Agent Training Camp
		<b>Days Attending</b>
Adventure Camp		M T W TH F
Leaders in Training		M T W TH F
Counselors in Training		M T W TH F
<i>**Please circle the days child is attending. (Minimum of 3)</i>		

Member-Full Week	\$ 130.00	
Non-Member Full Week	\$ 160.00	
Additional Child*	\$ 115.00	
<i>*Full Week/Members Only</i>		
Member - 3 Days	\$ 100.00	
Non-Member 3 Days	\$ 125.00	
Counselor In Training	\$ 25.00	
<b>Total Due</b>		
<b>Amount Paid</b>		

Child's Name:	Age:
---------------	------

**OFFICE USE ONLY**

<b>Week 3</b>	<b>June 15-19</b>	<b>Wackadoo Week</b>
	<b>Days Attending</b>	
Adventure Camp	M T W TH F	
Leaders in Training	M T W TH F	
Counselors in Training	M T W TH F	
Field Trip	TBA	Yes or No

Member-Full Week	\$ 130.00	
Non-Member Full Week	\$ 160.00	
Additional Child*	\$ 115.00	
<i>*Full Week/Members Only</i>		
Member - 3 Days	\$ 100.00	
Non-Member 3 Days	\$ 125.00	
Counselor In Training	\$ 25.00	
Field Trip	TBA	
<b>Total Due</b>		
<b>Amount Paid</b>		

*\*\*Please circle the days child is attending. (Minimum of 3)*

**\*\*\*\*ALL field trip payments are non-refundable & non-transferable**

Child's Name:	Age:
---------------	------

**OFFICE USE ONLY**

<b>Week 4</b>	<b>June 22-26</b>	<b>It's a Bug's Life</b>
	<b>Days Attending</b>	
Adventure Camp	M T W TH F	
Leaders in Training	M T W TH F	
Counselors in Training	M T W TH F	

Member-Full Week	\$ 130.00	
Non-Member Full Week	\$ 160.00	
Additional Child*	\$ 115.00	
<i>*Full Week/Members Only</i>		
Member - 3 Days	\$ 100.00	
Non-Member 3 Days	\$ 125.00	
Counselor In Training	\$ 25.00	
<b>Total Due</b>		
<b>Amount Paid</b>		

**\*\*\*No Camp July 4**

*\*\*Please circle the days child is attending. (Minimum of 3)*

Child's Name:	Age:
---------------	------

**OFFICE USE ONLY**

<b>Week 5</b>	<b>June 29-July 3</b>	<b>Red, White &amp; Soaked</b>	
		<b>Days Attending</b>	
<b>Adventure Camp</b>		M	T W TH F
<b>Leaders in Training</b>		M	T W TH F
<b>Counselors in Training</b>		M	T W TH F
<b>Field Trip</b>	TBA	Yes	No

Member-Full Week	\$ 130.00	
Non-Member Full Week	\$ 160.00	
Additional Child*	\$ 115.00	
<i>*Full Week/Members Only</i>		
Member - 3 Days	\$ 100.00	
Non-Member 3 Days	\$ 125.00	
Counselor In Training	\$ 25.00	
Field Trip	TBA	
<b>Total Due</b>		
<b>Amount Paid</b>		

*\*\*Please circle the days child is attending.*

*\*\*\*\*ALL field trip payments are non-refundable & non-transferable*

Child's Name:	Age:
---------------	------

**OFFICE USE ONLY**

<b>Week 6</b>	<b>July 6-10</b>	<b>Holidays in July</b>	
		<b>Days Attending</b>	
<b>Adventure Camp</b>		M	T W TH F
<b>Leaders in Training</b>		M	T W TH F
<b>Counselors in Training</b>		M	T W TH F
		Yes	No

Member-Full Week	\$ 130.00	
Non-Member Full Week	\$ 160.00	
Additional Child*	\$ 115.00	
<i>*Full Week/Members Only</i>		
Member - 3 Days	\$ 100.00	
Non-Member 3 Days	\$ 125.00	
Counselor In Training	\$ 25.00	
<b>Total Due</b>		
<b>Amount Paid</b>		

*\*\*Please circle the days child is attending.*

Child's Name:	Age:
---------------	------

**OFFICE USE ONLY**

<b>Week 7</b>	<b>July 13-17</b>	<b>Down on the Farm</b>
	<b>Days Attending</b>	
<b>Adventure Camp</b>	M T W TH F	
<b>Leaders in Training</b>	M T W TH F	
<b>Counselors in Training</b>	M T W TH F	
<b>Field Trip</b>	TBA	Yes or No

**\*\*Please circle the days child is attending.**

**\*\*\*\*ALL field trip payments are non-refundable & non-transferable**

Member-Full Week	\$ 130.00	
Non-Member Full Week	\$ 160.00	
Additional Child*	\$ 115.00	
<i>*Full Week/Members Only</i>		
Member - 3 Days	\$ 100.00	
Non-Member 3 Days	\$ 125.00	
Counselor In Training	\$ 25.00	
Field Trip	TBA	
<b>Total Due</b>		
<b>Amount Paid</b>		

Child's Name:	Age:
---------------	------

**OFFICE USE ONLY**

<b>Week 8</b>	<b>July 20-24</b>	<b>Clash of the Kilts</b>
	<b>Days Attending</b>	
<b>Adventure Camp</b>	M T W TH F	
<b>Leaders in Training</b>	M T W TH F	
<b>Counselors in Training</b>	M T W TH F	
<b>**Please circle the days child is attending. (Minimum of 3)</b>		

Member-Full Week	\$ 130.00	
Non-Member Full Week	\$ 160.00	
Additional Child*	\$ 115.00	
<i>*Full Week/Members Only</i>		
Member - 3 Days	\$ 100.00	
Non-Member 3 Days	\$ 125.00	
Counselor In Training	\$ 25.00	
<b>Total Due</b>		
<b>Amount Paid</b>		

Child's Name:	Age:
---------------	------

**OFFICE USE ONLY**

<b>Week 9</b>	<b>July 27-31</b>	<b>Around the World</b>
	<b>Days Attending</b>	
Adventure Camp	M T W TH F	
Leaders in Training	M T W TH F	
Counselors in Training	M T W TH F	
Field Trip	TBA	Yes or Not
<b>**Please circle the days child is attending.</b>		
<b>****ALL field trip payments are non-refundable &amp; non-transferable</b>		

Member-Full Week	\$ 130.00	
Non-Member Full Week	\$ 160.00	
Additional Child*	\$ 115.00	
<i>*Full Week/Members Only</i>		
Member - 3 Days	\$ 100.00	
Non-Member 3 Days	\$ 125.00	
Counselor In Training	\$ 25.00	
Field Trip	TBA	
	<b>Total Due</b>	
	<b>Amount Paid</b>	

Child's Name:	Age:
---------------	------

**OFFICE USE ONLY**

<b>Week 10</b>	<b>August 3-7</b>	<b>Zootopia</b>
	<b>Days Attending</b>	
Adventure Camp	M T W TH F	
Leaders in Training	M T W TH F	
Counselors in Training	M T W TH F	
<b>**Please circle the days child is attending.</b>		

Member-Full Week	\$ 130.00	
Non-Member Full Week	\$ 160.00	
Additional Child*	\$ 115.00	
<i>*Full Week/Members Only</i>		
Member - 3 Days	\$ 100.00	
Non-Member 3 Days	\$ 125.00	
Counselor In Training	\$ 25.00	
	<b>Total Due</b>	
	<b>Amount Paid</b>	



Child's Name:	Age:
---------------	------

**OFFICE USE ONLY**

<b>Week 11</b>	<b>August 10-14</b>	<b>Camp Rewind</b>
	<b>Days Attending</b>	
<b>Adventure Camp</b>	M T W TH F	
<b>Leaders in Training</b>	M T W TH F	
<b>Counselors in Training</b>	M T W TH F	
<b>Field Trip</b>	Movies	Yes or No

*\*\*Please circle the days child is attending.*

\*\*\*\*ALL field trip payments are non-refundable & non-transferable

<b>Member-Full Week</b>	\$ 130.00	
<b>Non-Member Full Week</b>	\$ 160.00	
<b>Additional Child*</b>	\$ 115.00	
<i>*Full Week/Members Only</i>		
<b>Member - 3 Days</b>	\$ 100.00	
<b>Non-Member 3 Days</b>	\$ 125.00	
<b>Counselor In Training</b>	\$ 25.00	
<b>Movies</b>	\$15	
<b>Total Due</b>		
<b>Amount Paid</b>		