



Camper Registration Form

Camp Session (Circle One): Winter Spring Summer Fall

Camper's Name: _____ Date of Birth: _____ Age: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____

What are some of your camper's favorite things to do/hobbies? _____

CAMP REFUND POLICY

Initial

CAMP REFUND

Refunds when requested at least five (5) business days prior to the start date of camp will be granted. Refunds requested less than one week prior to the start of camp, or after camp has started will not be granted. Failure to attend a registered camp will be considered a forfeiture of materials supplied and all fees paid. The Addison Athletic Club reserves the right to cancel, combine or divide classes, to change times, dates, or class locations, to change instructor assignments, and to make other revisions in these offerings in their sole opinion. In the event the Addison Athletic Club cancels a camp, a full refund or credit will be issued. Refunds for medical reasons must be accompanied by a physician's note and shall be considered on a case-to-case basis.

PICK UP AND DROP OFF PROCEDURES: Authorized adults are responsible for picking up their children on time. Campers may not walk themselves in, and out, of the building. A parent, or guardian, is required to come inside to sign them in or out. No early drop-offs are permitted. After 6:00pm our late fee policy is as follows:

\$10: 1 TO 14 MINUTES LATE
\$20: 15 TO 29 MINUTES LATE
\$50: 30 TO 59 MINUTES LATE

Your child will not be permitted to attend any future camp sessions until all fees are paid. The Camp Staff will assess the fees and submit them to the Recreation Supervisor to be added to your account. **Initial** _____

PHOTO RELEASE: The Addison Athletic Club is hereby granted permission to use any individual or group photographs and/or videotapes showing my child in Addison Seasonal Camp activities for promotional use. **Initial** _____

PAYMENT: I understand to pay the full registration fee, per child, for each week you register for, and understand that there will be no discounts, or refunds, for missed camp days. **Initial** _____



Emergency Information & Pick Up Authorization

PARENT/GUARDIAN #1 INFORMATION

Name: _____

Address (if different than camper): _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

PARENT/GUARDIAN #2 INFORMATION

Name: _____

Address (if different than camper): _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

PICK UP AND EMERGENCY CONTACT INFORMATION (Emergency contact must be someone other than parent/guardian)

<u>NAME</u>	<u>PHONE</u>	<u>DRIVERS LICENSE NUMBER</u>	<u>RELATIONSHIP TO CHILD</u>	<u>CHECK IF EMERGENCY CONTACT</u>	<u>CHECK IF AUTHORIZED TO PICK UP</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Individuals must enter the facility and present photo ID in order to pick up camper from camp. I hereby give permission to the Addison Athletic Club Staff to release my child to the individuals listed above.

Signature: _____ Print Name: _____ Date: _____



Camp Medical Information

PRIMARY CARE PHYSICIAN

Doctor's Name: _____ Practice Name: _____

Phone: _____

MEDICATION

Please list all medications: _____

MEDICAL CONDITIONS

Please list any special needs or medical conditions:

Please list any known allergies: _____

MEDICINE DISPENSATION (For medication that will be monitored by Program Employees)

Prescription and Non-prescription medications must be in the original containers labeled with the camper's name, date, and directions. Program Employees will only monitor the child taking medication and may only take as stated on the directions. Program Employees will not administer medication after the expiration date. Program Employees will only dispense an epinephrine pen (auto-injector) and an asthma inhaler.

MEDICATION

DOSAGE

SPECIFIC TIMES TAKEN EACH DAY

REASON FOR TAKING
