



Day Camp

2012 Registration & Health Form

Ages 4-13
8:30am-5:30pm Monday-Friday
101 Likes Rd., Edgewater MD 21037
P: 410.798.0455 F: 410.798.1214
www.campwabanna.org

**PLEASE
PLACE
CAMPER
PHOTO
HERE**
*Do not fax
picture

REGISTRATIONS ARE PROCESSED ON A "FIRST COME FIRST SERVED BASIS".

Early Bird Special- Day Camp T-shirt included if registration is postmarked by March 2, 2012 (1 T-shirt per camper)

PLEASE COMPLETE BOTH SIDES AND ENCLOSE THE FOLLOWING:

- **Full payment with this form- registration will not be processed without full payment.**
- **Completed Camper Health Form**
- **Recent photo of camper and signed/notarized parent consent form**

Camper's Legal Name _____ Female Male

Camper's Email _____

Address _____

City _____ State _____ Zip _____ County _____

Date of Birth ____/____/____ Age (at camp) ____/____ Grade (Fall '12) _____ School _____
Month/Day/Year Year/Month

Father's/Guardian's Name _____

Home # _____ Work # _____ Cell # _____

Father's/ Guardian's Email * _____

Mother's/Guardian's Name _____

Home # _____ Work # _____ Cell # _____

Mother's/ Guardian's Email * _____

***Please Note:** All correspondence will be sent by email. Correspondence will be sent to the two parent emails that you provided. This includes confirmation packets and reminders. Please make sure you add scovington@campwabanna.org to your contact list and that you provide an email address that will accept emails with attachments.

CAMPERS MAY REQUEST TO BE IN A GROUP WITH TWO FRIENDS ONLY IF THEY MEET THESE CRITERIA:

- 1) They are the same gender 2) They are NO MORE than 12 months apart 3) The requested friend must also request your camper

Cabin Requests: 1) _____ 2) _____

We cannot guarantee cabin requests.

Please Check desired week(s): Mon-Fri: Regular hours – 8:30am-5:30pm

- Early Hour is 7:30am-8:30am. Additional charge applies.
- | | | |
|---|---|--|
| <input type="checkbox"/> Week 1: June 18-22 | <input type="checkbox"/> Week 4: July 9-13 | <input type="checkbox"/> Week 7: July 30-Aug 3 |
| <input type="checkbox"/> Week 2: June 25-29 | <input type="checkbox"/> Week 5: July 16-20 | <input type="checkbox"/> Week 8: Aug. 6-10 |
| <input type="checkbox"/> Week 3: July 2-6 | <input type="checkbox"/> Week 6: July 23-27 | |

After May 25, any request for a change of dates must be made in writing. If we can honor the request, there will be a \$25 processing fee. Any other registration changes that require additional processing will incur a \$25 processing fee.



Payment Information



- **Early Bird Special-Day Camp T-shirt included if registration is postmarked by March 2, 2012** (1 T-shirt per camper)
Please indicate t-shirt size: ___ Youth S ___ Youth M ___ Youth L ___ Adult S ___ Adult M ___ Adult L
- *Registration Fee is \$255 per camper, per week. 10% discount for 8-week enrollment (full payment must be received with registration to qualify for discount) Price does not include any early hour fees.*

• **A cancellation before June 1st forfeits \$100. No refunds after June 1st.**

Registration fee = \$ 255 per week X _____ (number of weeks) = \$ _____ Total registration fee

*Registration fee includes 2 snacks and lunch each day.

Early Hour Fee = Early Care: \$50 per week. Early hour includes breakfast each morning.

(7:30am-8:30am) \$50.00 (per wk.) X _____ (# of wks) = \$ _____ Total

- Donation to Good Samaritan Scholarship Program to help financially assist underprivileged children = \$ _____

Total Paid=\$ _____

Please check payment method: Check _____ Money Order _____ Cash _____
 Visa _____ MasterCard _____ Discover _____ AMEX _____

Credit Card Account # _____ Exp. Date _____

Name of cardholder _____ Authorized Signature _____

*Each child will receive a morning and afternoon snack. The afternoon snack will be a choice of one drink and one snack from the Snack Shop. The Gift Shop will also be open Thursdays after Day Camp pick-up.

Please review and accept below:

~Campers are not allowed to bring alcohol, cigarettes, drugs, weapons, fireworks, cell phones or electronic devices (except cameras). Camp Wabanna reserves the right to search any campers belongings and confiscate these items.

~All medications brought by the camper (prescription or over-the-counter) must be given to the camp nurse or appointed staff member at the time of check in. The camp nurse station stocks the most common medicines such as Tylenol and cold remedies, so it is unnecessary to bring them. All medications must be in the original container and include a Camp Wabanna medication card which includes clear and current directions.

~ I understand that it is the policy of Camp Wabanna not to release a camper to anyone other than the person designated at the beginning of camp. I recognize that certain hazards and dangers are inherent in camp events and programs. And particularly but not limited to, swimming, boating, field activities, ropes courses, team courses, tower climbing, water tubing, canoeing. I understand that adventure activities may expose my child to psychologically and physically stressful and challenging situations.

~I understand, too, that although the program has taken precautions to provide proper organization, supervision, instruction, and equipment for each activity, it is impossible for the program to guarantee absolute safety. I understand that my child shares responsibility for his/her safety and I have instructed my child in the importance of knowing and abiding by the camp rules, regulations, and procedures for his/ her safety of camp participants. Camp Wabanna reserves the right to discipline or send home any child for any reason in its sole discretion. General reasons for immediate dismissal include, but are not limited to any of the following: if a health situation puts another individual in jeopardy, if the camper needs special health attention, if a child has a temperature above 101 degrees, pink eye, ring worm, lice, strep throat, or any infectious situation; or if a child is defiant, uncooperative, and will not or cannot participate in the normal program. Campers sent home due to behavioral problems are not allowed to return. Campers sent home due to medical reasons can only return to camp with a doctor's release and must be able to participate in the normal camp program. No refund will be given if a child is sent home for either behavioral or medical reasons.

~In signing this document, I hereby certify that the above information is correct, and I give permission for the use of photographs, or other media, including my son or daughter to be used in camp publicity.

I HAVE READ ALL THE AFOREMENTIONED INFORMATION AND I AGREE TO COOPERATE AND ADHERE TO THESE GUIDELINES. TO THE BEST OF MY KNOWLEDGE, THE INFORMATION GIVEN ON THESE THREE PAGES IS COMPLETE AND ACCURATE.

Signature of Parent/Guardian _____ **Date** _____