

CAMPER REGISTRATION FORM

1. Please read the following:

- Checks should be made payable to **Pine Ridge Day Camp**. If sending payment for more than one camper, please fill out separate checks for each.
- Read and complete all parts of this application to be considered as a camper at **Pine Ridge Day Camp** in 2012.
- Return this application with \$125 registration fee if applying prior to May 10, 2012, or full payment if applying after May 10, 2012 to **Pine Ridge Day Camp; P.O. Box 2091; Decatur, AL 35602**.
- Your registration cannot be processed without a completed registration form and corresponding payment. Registration fee(s) will be applied to payment for camp session(s) but are only refundable if the selected session(s) are full at the time of receipt of this registration form.
- Upon receipt of completed registration information, you will be e-mailed confirmation of the camp your camper will attend and a list of items to bring to camp.

2. Select a Camp:

- | | | | |
|---|----------|---|---------|
| <input type="checkbox"/> All Sessions— | 10 weeks | <input type="checkbox"/> Session III (June 11 -June 15) | 1 week |
| <input type="checkbox"/> Session A (June 4-June 29) | 4 weeks | <input type="checkbox"/> Session IV (June 18-June 29) | 2 weeks |
| <input type="checkbox"/> Session B (July 2 -July 27) | 4 weeks | <input type="checkbox"/> Session V (July 2 -July 13) | 2 weeks |
| <input type="checkbox"/> Session I (May 28 -June 1) | 1 week | <input type="checkbox"/> Session VI (July 16 -July 27) | 2 weeks |
| <input type="checkbox"/> Session II (June 4 -June 8) | 1 week | <input type="checkbox"/> Session VII (July 30 -Aug. 3) | 1 week |

3. Camper Information:

Camper's Name: _____

Gender: _____ Birthdate: _____ Age: _____ Grade Completed by June 2012: _____

School Attended During 2011—2012 School Year: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent's Names: _____

Address (if different from child): _____

Home Phone(s): _____

Mother's Work Phone: _____ Cell Phone: _____

Father's Work Phone: _____ Cell Phone: _____

Email Address (required): _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Additional Contact Information (optional): _____

4. Additional Camper Information:

Camper's Preferred Name or Nickname: _____

Allergies (please list any allergies including food, medication, and environmental): _____

Camper's Interests/Talents: _____

Does the camper swim well? _____ yes _____ no

Are there any special needs/concerns for the counselors to be aware of? _____ yes _____ no

What would you like the counselors to know about the camper? _____

T-shirt Size (circle one):

 Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult XXL

5. Photo Release: (required for all Camps)

Photos of Camp groups and activities may be posted on the Pine Ridge Day Camp (www.pineridgedaycamp.org) website and will be used in publicity brochures, video and other media. No children will be named if images are used. Your signature on this application indicates your approval to have your child's photo used in the above mentioned ways.

I have read, understand and agree to abide by the Camp regulations listed in the Camp brochure. I understand that my signature is required for this registration form to be processed.

Parent or Guardian (print name clearly): _____

Signature: _____ Date: _____

6. Transportation List:

Buses will meet parents/guardians at the following locations to take the campers to Pine Ridge Day Camp and back to meet parents/guardians after the day's activities are over. Please select the location which is the most convenient for you.

_____ Holy Spirit School on Airport Road in Huntsville 8:05 -8:20 Pick-up 4:40 Drop off

_____ Southern Family Market, HWY 72, Madison 7:35 -7:55 Pick-up 5:05 Drop off

_____ Burkes Outlet Parking Lot, HWY 20, Madison 8:05 -8:15 Pick-up 4:45 Drop off

_____ Kroger on the corner of 6th Ave and Beltline Road in Decatur 8:20 -8:30 Pick-up 4:30 Drop off

7. Health and Medical Information:

Activity and Dietary Restrictions:

- Check box if Camper has dietary restrictions.

Please list dietary restrictions: _____

- Check box if Camper has activity restrictions.

Please list activity restrictions: _____

Additional information regarding camper's health which the Camp Staff should be made aware of: _____

Health Insurance and Physician Information:

Health Insurance Company: _____

Policy Holder: _____ Policy # _____

Primary Physician: _____

Address: _____ Phone: _____

8. Medical Release:

Parent's /Guardian's acknowledgment and authorization to secure medical treatment:

By completing and signing this form, I acknowledge and affirm that I am the actual custodial parent and/or legal guardian of the above named camper and that all information given is accurate and complete. I also give permission for my child to participate in all camp activities except as noted on this form. I also give permission for the camp to provide routine health care, administer prescribed and over-the-counter medication, and to secure emergency medical treatment including x-rays, lab tests, emergency transportation and any other treatment recommended by camp medical staff and/or recommended by licensed medical professionals selected by the camp. I authorize the release of any records necessary for treatment and/or insurance billing purposes. I acknowledge that the above listed camper is covered by our own family's health insurance and/or that I am financially responsible for medical treatment if needed. In case I cannot be reached in an emergency, I give permission to the physician and/or hospital selected by the camp to provide any and all medical treatment deemed necessary for the camper listed above including hospitalization. This form may be photocopied for camp field trips and/or when taking a camper to the doctor.

Signature of Parent/Legal Guardian: _____

Printed Name: _____ Date: _____

9. Payment Information:

Money Order \$ _____

Check # _____ Name on Check _____

(Please make checks payable to Pine Ridge Day Camp and indicate Camper's name in the memo section.)

Charge to my (circle one): MasterCard Visa Discover

I hereby authorize the following amount to be charged to my account as listed below \$ _____ .00

Card Number: _____

Name on Card: _____

Expiration Date: _____ Signature: _____

2012 Camp Fees

Camp fees include one Camp t-shirt, meals, snacks, framed camp photo, CD with pictures from each session attended, and all Camp activities.

Additional t-shirts and Camp related items will be available for purchase.

- | | |
|--|---|
| <input type="checkbox"/> Session I, II, III, or VII\$358.00 | <input type="checkbox"/> Session A or B and an additional 2 weeks\$1889.00 |
| <input type="checkbox"/> Session IV, V, or VI\$697.00 | <input type="checkbox"/> Sessions A & B\$2434.00 |
| <input type="checkbox"/> Session A or B.....\$1289.00 | <input type="checkbox"/> All Sessions\$2850.00 |
| <input type="checkbox"/> Appaloosa Session A\$1289.00 | <input type="checkbox"/> CIT* Session A or B\$900.00 |
| <input type="checkbox"/> Appaloosa Session B\$1289.00 | <input type="checkbox"/> CIT* Sessions A & B\$1600.00 |

(Camp fee for two or more campers from the same family will be discounted by \$25.00 from the above fee.)

*The CIT Program is limited to campers who have completed the 9th grade.

I would like to order extra t-shirts at a cost of **\$10.00** each. How many? _____ Size(s)? _____

RELEASE BY PARENT/GUARDIAN

Unless camp is full at the time of receipt of this registration form, \$125 of the camp fee per camper, is non-refundable and transferable only by permission of the Camp. The balance of the camp fee is only refundable if request is made in writing no later than two weeks prior to each session. I also understand that there are no refunds for late entrances or early withdrawals, voluntary or involuntary. Loss of fees due to illness extending 5 camp days or longer will be shared equally by the camper's family/guardian and the Camp.

I understand that Pine Ridge Day Camp will not assume responsibility for accidents and/or medical or dental expenses incurred, sustained or received as a result of participation in the Camp. I hereby grant to Pine Ridge Day Camp permission for my child to attend camp and to engage in all activities associated therewith (including off-site field trips). I understand and acknowledge that participation in the camp and related activities carries with it the possible risk of physical injury to my child. On behalf of my child, I assume all such risk of physical injury and hereby release and forever discharge Pine Ridge Day Camp, its employees, officers, directors and agents from any and all liability, claims, expenses or losses arising from bodily injuries or damage to people or property resulting from my child's involvement and participation in the camp. I further acknowledge and agree that I will be fully responsible for any and all losses or damages that my child inflicts upon any person or upon the camp facilities during participation in the Camp. I hereby indemnify and agree to hold harmless Pine Ridge Day Camp, its employees, officers, directors, and agents from all claims, demands, and causes of action, including reasonable attorney fees, arising or resulting from my or my child's participation in the Camp and all related activities. Pine Ridge Day Camp, as used herein, shall include Centers for the Developmentally Disabled, North Central Alabama, Inc., its employees, officers, director and agents.

I have read this Registration Form and also the Camp Rules, Regulations, and Conditions listed in the Camp brochure (or posted on the Camp website). I understand and agree to abide by such rules, regulations, term and conditions. I have signed this Registration Form freely and voluntarily.

Signed by parent or guardian: _____ Date: _____

Printed Name: _____