



Office Use Only
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**CAMP EDGE
SUMMER CAMP 2018
REGISTRATION FORM**

Camp Location (check one): _____ Essex _____ Williston
 Parent/ Guardian Name: (Last) _____ (First) _____

Address/ City / Zip _____

Phone: (home) _____ (work) _____ (cell) _____

Emergency Contact: (name) _____ (phone number) _____

Parent Email Address: _____

	Child 1	Child 2	Child 3
Name			
Age/DOB			
Allergies/ Special Needs			
Medications			
Swim Ability			
Membership Status	<input type="checkbox"/> Edge Member Member # _____	<input type="checkbox"/> Edge Member Member # _____	<input type="checkbox"/> Edge Member Member # _____
T-Shirt Size (Child)	S M L XL (S) Adult	S M L XL (S) Adult	S M L XL (S) Adult

Camp Sessions: Check the weeks for which you are registering. M = EDGE Member. NM = Non-member

Camp Week	Weekly Tuition	Select	Camp Week	Weekly Tuition	Select
6/18/18 -6/22/18	M: \$248, NM: \$260		7/23/18-7/27/18	M: \$248, NM: \$260	
6/25/18-6/29/18	M: \$248, NM: \$260		7/30/18-8/3/18	M: \$248, NM: \$260	
7/2/18-7/6/18	M: \$200, NM: \$212		8/6/18-8/10/18	M: \$248, NM: \$260	
7/9/18-7/13/18	M: \$248, NM: \$260		8/13/18-8/17/18	M: \$248, NM: \$260	
7/16/18-7/20/18	M: \$248, NM: \$260		8/20/18-8/24/18	M: \$268, NM: \$280	

PAYMENT INFORMATION: All deposits and payments are non-refundable.

Total:

Does your child qualify for state subsidy? Yes _____ No _____ Amount per week \$ _____

_____ **Option 1: Payment in Full now via credit/debit card -OR- check:**

_____ Check: Please make checks payable to **Camp Edge**

_____ MC /Visa /Discover# _____ Exp. _____ CVV # _____

Name on Card: _____ Billing Zip Code _____

_____ **Option 2: Deposit of 1st week of Camp per child now (CREDIT CARD ONLY).**

Balance for each remaining week to be drawn the Monday prior. *enter credit card information above*

Total Amount Due: _____ minus deposit = **Total Balance Due:** _____

Permission Form

I give permission for my child to participate in all the Edge on and off site activities during the camp. I agree that in case of an accident involving my child while attending this camp, I release the Edge employees and volunteers from any and all liability caused by claims from injury or damage my child may have sustained from use of premises or equipment while participating in any camp activity or field trip. _____ **(Full Signature)**

I give permission for camp staff to administer bug spray and sunscreen lotion to my child during camp. I also give permission for camp staff to document campers through photographs of campers participating in sports, crafts, field trips and camp life. _____ **(Full Signature)**

The Edge has adopted the following procedures in caring for your child when he/she becomes sick or injured while attending camp: (1) the camp will call home. If there is no answer (2) the camp will call the mother's, father's or guardian's place of employment. If there is no answer, (3) the camp will call the other phone numbers listed and the physician. If none of the above answer, the camp will call an ambulance, if necessary, to transport the child to a local medical facility. (4) Based on the medical judgment of the attending physician, the child may be admitted to a medical facility. (5) The camp will continue to call the parent or guardian until one is reached. If the camp authorities follow the procedure, I agree to assume all expenses for moving and medically treating the camper. I also hereby consent to any treatment, which may be carried out based on the medical judgment of the attending physician. _____ **(Full Signature)**

In case of an emergency, I give permission to the appropriate personnel to properly transport my child to a medical facility for care. I understand that the Edge DOES NOT provide medical insurance and that I will be responsible for all medical expenses incurred. _____ **(Full Signature)**

I hereby allow Kids & Fitness/ The EDGE to photograph/videotape my child for the purpose of documentation and publication. _____ (Full Signature)

I understand that if my child needs adult assistance/aid during his/her school day then he/she may not attend camp without the same assistance. This assistance must be provided by the parent or school system; the Edge is not responsible for hiring or providing compensation for additional staff needed for an individual child. For questions or specific situations, please talk directly to the director.

Parent/Guardian Signature _____ Date _____

You are responsible for full payment of the entire schedule you have selected on the Registration Form. All deposits and payments are non-refundable.

Parent/ Guardian’s Signature _____ Date _____

**CAMP EDGE 2018
SUMMER CAMP HEALTH FORM**

Mother’s Name:

(home) _____ (work) _____ (cell) _____

Place of Employment: _____

Father’s Name:

(home) _____ (work) _____ (cell) _____

Place of Employment: _____

If Parent/Guardian cannot be reached, call: ***2 Required per State of Vermont***

1.Contact _____ (phone) _____

2.Contact _____ (phone) _____

Physician’s Name: _____ (phone) _____

Hospital Preference: _____

Dentist’s Name: _____ (phone) _____

Medical Insurance Company: _____ Policy Number: _____

Does your child have any of the following? Circle Yes or No for each.

Allergies – Y or N

Asthma – Y or N

Cardiovascular Disease – Y or N

Past Surgery – Y or N

Diabetes – Y or N

Currently taking Medication – Y or N

High Blood Pressure – Y or N

Muscular Injury/Condition – Y or N

Skeletal Injury/Condition – Y or N

Is Child on an IEP – Y or N

Does Child have an aide – Y or N

Has an aide ever been suggested-Y or N

Special Dietary Requirements – Y or N

Special Needs – Y or N

Other - _____

if inaccurate information is provided, your child’s enrollment may be terminated If you answered yes to any of the above, Please explain:

Date of most recent tetanus immunization:

Is there anything that would help us to know about your child?

PICK UP AUTHORIZATION

Name: _____

Name:

Address: _____

Address:

Primary Phone: _____

Primary Phone:
