



<b>Office Use Only</b>
<input type="checkbox"/> Deposit Paid <input type="checkbox"/> Packet Sent <input type="checkbox"/> Billing Screen Created

**CAMP EDGE  
SUMMER CAMP 2018  
REGISTRATION FORM**

Camp Location (check one): \_\_\_\_\_ Essex \_\_\_\_\_ Williston \_\_\_\_\_ South Burlington (ages 5-6 only)  
 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 1<sup>st</sup> 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	Skeletal Injury/Condition – Y or N
Asthma – Y or N	Is Child on an IEP – Y or N
Cardiovascular Disease – Y or N	Does Child have an aide – Y or N
Past Surgery – Y or N	Has an aide ever been suggested-Y or N
Diabetes – Y or N	Special Dietary Requirements – Y or N
Currently taking Medication – Y or N	Special Needs – Y or N
High Blood Pressure – Y or N	Other - _____
Muscular Injury/Condition – Y or N	

**\*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: _____