Larose Civic Center Summer Day Camp 2016

AGES 5 – 13

Must be eligible for 1st grade by August 2016

Sports/ Crafting/ Library Visits/ Swimming
In a supervised positive environment!

2016 Staff: Returning Larose Civic Center Staff

Drop off time: 7:45 a.m. – 8:30 a.m.
Pick up time: 4:30 p.m. – 5:15 p.m.
Activities daily: 8:30 a.m. – 5:15 p.m.

$80 non-refundable registration fee (1 camp shirt and snacks included)

DAILY RATE:

$20 FULL DAY

7:45am-5:15pm

$10 HALF DAY

7:45am-12:15pm or 12:45pm-5:15pm

PAYMENTS FOR EACH WEEK ARE DUE ON FRIDAY

Session I May 31 – June 10
Session II June 13 – June 24
Session III June 27 – July 8
*****NO CAMP July 4th*****
Session IV July 11 – July 22
Session V July 25 – August 5th

Camper Name (Last, First): _____

Birth date: _____ Recently Completed Grade _____

Parent's Signature _____

_____ I have paid the Registration Fee ($80) & Insurance (if applicable)

_____ If field trips are planned, I realize there is an additional fee

_____ Shirt Size Choices: YS YM YL AS AM AL AXL

Payment: Cash _____ Check # _____ Credit/Debit Card _____

Fees received by Staff Member _____ Date _____

A current credit card needs to be kept on file in our office. If payment(s) for current month are NOT remitted by the 28th of each month, your credit card will be run for the fees incurred in that month. These files are kept locked and secure in the LCC Office!

CREDIT CARD #_____EXP DATE: _____CVV#_____

NAME ON CREDIT CARD: _____

HEALTH FORM

CAMPER'S NAME: _____

PARENT(S): _____

MAILING ADDRESS: _____

_____

PHONE NUMBERS: (HOME) _____

(WORK) _____

(CELL) _____

Emergency Contact (other than parents): _____

_____

Physician: _____ Phone # _____

Allergies (Food & Medicine): _____

Medical Concerns or Conditions: _____

Medications currently taking: _____

Previous hospitalizations: _____

I agree that the above is the current health information for my child. I will contact the coaching staff or administration office with any changes as they occur.

Name (printed): _____

Signature: _____

Date: _____

Parents:

The LRP Summer Camp Counselors have added a Facebook page through the Larose Civic Center. This site will give updates about daily activities, photos, camper of the week, etc….. We are asking that you allow your child permission to place any pictures or videos which include them in camp activities to the site. No other personal information about the children (i.e. address, phone numbers, etc) will be allowed on this site.
Please like our page www.facebook.com/Larose Civic Center Summer Camp so you can tag pictures, and keep up to date with camp!
Please sign the waiver below.

- I _____ give Larose Regional Park & Civic Center permission to upload pictures of my child to their Summer Camp Facebook page. I also give permission for my child's first name only to appear on the site.

- I _____ give Larose Regional Park & Civic Center permission to upload pictures of my child to their Summer Camp Facebook page. I DO NOT give permission for my child's name to appear on the site.

- I _____ DO NOT give Larose Regional Park & Civic Center permission to upload any pictures or information of my child.

_____ _____

PARENT SIGNATURE YOUR CHILD'S NAME

_____
DATE

GENERAL RELEASE AND HOLD HARMLESS AGREEMENT

I, _____, desire to participate in various programs, events or activities (hereinafter collectively referred to as the "Activities") operated or Sponsored by Bayou Civic Club, Inc. doing business as the Larose Regional Park and Civic Center (hereinafter referred to as the Larose Civic Center).

I understand and acknowledge that the Larose Civic Center will not allow me to participate in the Activities without releasing and holding the Larose Civic Center Staff, Board of Directors and Volunteers, harmless from any liability arising out of my participation in the Activities. I have investigated the risks involved in my participation in the Activities and fully understand and assume such risks. Specifically, I understand and acknowledge that I may suffer or experience, among other things, personal injury or bodily damage, medical disabilities, loss or theft of personal property, imprisonment, abduction, and even death.

Child's Name (print): _____

Parent's Name (Print): _____

Parent's Signature: _____

Date: _____

Activity Involved in:

_____ Lap Swimming _____ Swim Lessons _____ Water Aerobics
_____ Public Swimming _____ Summer Camp _____ Recreation

Parents' Phone # _____ Emergency Phone # _____

Address: _____ City: _____

DOB (Child): _____ Grade: _____ School Attends _____