

**Larose Civic Center Summer Day Camp 2017**

**AGES 5 – 13**

Must be eligible for 1<sup>st</sup> grade by August 2017

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

**2017 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 30 - June 9  
Session II June 12 – June 23  
Session III June 26 – July 7  
\*\*\*NO CAMP July 3<sup>rd</sup> and 4<sup>th</sup>\*\*\*  
Session IV July 10 – July 21  
Session V July 24 – Aug 4

**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 28<sup>th</sup> 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](http://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 \_\_\_\_\_

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Bayou Civic Club, Inc., doing business as Larose Regional Park & Civic Center  
Post Office Box 1105, Larose, Louisiana 70373

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