

## 2018 Camp Registration Form

Date \_\_\_\_\_ Email \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ School \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ School \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

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Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone: \_\_\_\_\_

Additional Phone # Work \_\_\_\_\_ Cell \_\_\_\_\_ Cell \_\_\_\_\_

Drivers License # \_\_\_\_\_ DOB \_\_\_\_\_ State \_\_\_\_\_



\_\_\_\_\_ # of Campers \_\_\_\_\_ # of Days \_\_\_\_\_ Lunch yes/no \_\_\_\_\_ Date or Dates \_\_\_\_\_

**Parental Consent**

I hereby give written permission for my child to attend camp at PARTY PLAYGROUND. As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause physical impairment, disfigurements, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

\_\_\_\_\_  
*Signature Date Emergency #'s Email*

\_\_\_\_\_  
*Signature Date Emergency #'s Email*

**Allergies, Reactions, Special needs or Other Comments: INDIVIDUALS WITH LIFE THREATENING ALLERGIES PLEASE NOTE**  
 Party Playground can never ensure an allergen free environment in our facility. Participation in Party Playground's camp is done without medical support services and the individual and parent or guardian must agree and must be prepared to accept the risks inherent with participating without this medical support. Auto injections cannot require any measurement or dosage assessment and 911 will be called in any emergency.

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Scan and email this completed form to <mailto:request@partyplaygroundbr.com>

**There are certain risks and dangers involved in camp activities. PARTY PLAYGROUND is not responsible for any Bodily Injury or Property Damage claims, liabilities, damages, and suits which may originate from circumstances and/or activities beyond the control of PARTY PLAYGROUND, its employees, agents or representatives.**

Payment Method: Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

# CAMPER BEHAVIOR AGREEMENT & CAMP TERMS

## PARENTS / LEGAL GUARDIANS:

1. Discuss the content of this contract with your child and explain to him/her what it means.
2. If you agree with the terms please sign
3. Have each Camper sign the agreement (printing of first name acceptable for young campers)

## THE GOALS OF CAMP AT “PARTY PLAYGROUND”:

1. To ensure the safety and well-being of all Campers.
2. To create a fun filled environment for Campers.

## CODE OF CONDUCT

1. Be kind, considerate, helpful and respectful toward others.
2. Any act of physical aggression towards others (fighting, pushing) or defacement or destruction of camp property is not permitted.
3. Follow safety guidelines for safe play at Party Playground.
4. Remain with camp under staff supervision at all times. Wandering is not permitted.
5. Cooperate with fellow campers and camp leaders.

**Our program cannot accommodate campers who display chronically or severely disruptive behavior. Such behavior may be grounds for dismissal from the program. Any behavior concerns will be promptly addressed with parent/guardian.**

## CAMP TERMS

- Camp is available during the summer and most school holidays (see website calendar)
- Full day camp is 7 a.m. till 6 p.m.
- Half day camp is 9:00 a.m. till 1:00 p.m. or 1:00 p.m. till 5 p.m.
- Campers are expected to abide by the camper code of conduct.
- Payment of camp secures spot for camper.
- Camp fees are non-refundable.

**Please note a fee of \$5 may be assessed for late pick up. If pick up is greater than 15 minutes after camp ends a minimum fee of \$10 may be assessed.**

**DATE:** \_\_\_\_\_

**PARENT / GUARDIAN SIGNATURE:** \_\_\_\_\_

**CAMPER SIGNATURE(S):** \_\_\_\_\_