

# HARBOR POINT ASSOCIATION (Day Camp Program)

ALL CAMPERS MUST HAVE A SIGNED RELEASE FORM ON FILE  
TO ATTEND CAMP

(PLEASE SEE RELEASE FORM AS FOLLOWS and PLEASE  
PRINT)

CAMPER Last Name Smith

CAMPER First Name John

DATE OF BIRTH 2003-08-11

CURRENT AGE 13

PARENT(S) Jeff Smith

SUMMER ADDRESS 1234 Ash Street

EMAIL email@email.com

## WINTER ADDRESS:

STREET 124 Beech Street

CITY Harbor Springs

STATE MI

ZIP 49740

LOCAL PHONE 231-882-8907

CELL PHONE(S) 1: 234-777-0099

2: 245-998-7654

## HARBOR POINT SPONSOR:

LAST NAME Jones

FIRST NAME Sally

SPONSOR PHONE

MEDICAL INFORMATION: DOES CAMPER HAVE ALLERGIES? 1

LIST HERE Bees

LIST ANY OTHER MEDICAL PROBLEMS THAT MAY AFFECT CAMPERS ABILITY TO PARTICIPATE IN CAMP ACTIVITIES

Back

## EMERGENCY CONTACT (OTHER THAN PARENTS)

LAST NAME Miks

FIRST NAME Barb

EMERGENCY PHONE

258-999-6655

## DROP OFF AND PICK-UP PLAN (SEE PERMISSION FORM)

OTHER ADULTS WHO MAY PICK-UP/DROP OFF MY CHILD: None

**NON-RESIDENT CAMP RATES:** PER WEEK: **\$200.00** PER DAY: **\$45.00**

*PAYMENT FOR CAMP IS EXPECTED ON/BEFORE MONDAY OF EACH WEEK FOR PARTICIPATION IN  
CAMP ACTIVITIES THAT WEEK. EARLY BIRD DISCOUNT IF PAID BEFORE 6/20/16 – SEE CAMP  
SCHEDULE FOR DETAILS.*

## BILLING INFORMATION (HARBOR POINT RESIDENTS ONLY SEE DIRECTORY FOR RATES)

BILLING NAME Biff Jones

COTTAGE NUMBER 345

## Parent/Guardian Permissions for Harbor Point Association (Day Camp Program)

Name of Child John Smith

I give permission for counselors to take steps needed for administering first aid/CPR and 1  
for obtaining emergency medical care for injuries or suspected injuries. In an emergency, a  
counselor will call the Harbor Point Office and the office staff will contact the local ambulance  
service. The parent cell phone number(s) will be called first, then the emergency phone  
number listed.

**I hereby warrant that to the best of my knowledge, my child is in good health, and I 1  
assume all responsibility for the health of my child.**

Please note the 'drop off' and 'pick up' daily arrangements for your child. Parents or an authorized adult must  
check-in and check-out their children to camp every day by signing the attendance list at the Registration booth.  
For their personal safety, children are not allowed to be dropped off, or check themselves in or out. If you would  
like to pick up your child before normal dismissal time, please inform the Camp Director or Camp Manager.

I agree to adhere to these 'drop off' and 'pick up' arrangements. 1

My child is over 8 years of age. The following arrangements will be in place for my child Walk to cottage  
I, the undersigned, individually and as parent/guardian of the minor herein above identified, assume all  
responsibility for and all risk of damage or injury that may occur to the minor herein below identified as a  
participant in the Harbor Point Association (Day Camp Program), while attending sessions or using equipment  
or facilities of said Program including water activities and activities that are part of the said program that take  
place off of the Harbor Point Association grounds that will require bike riding, walking or bus transportation to  
said activity. I also understand that this will include said minor(s) participation in clinics and workshops under  
the leadership of organizations other than the Harbor Point Association (Day Camp Program). In consideration  
of the acceptance of the minor(s) herein above named as participant in the Harbor Point Association (Day  
Camp Program), the undersigned hereby releases and discharges the Harbor Point Association, its  
shareholders and members, employees and agents from all claims, demands, rights, or causes of action,  
present or future, whether known, anticipated or unanticipated, and resulting from or arising out of, or incident  
to, participation of the minor(s) herein above identified in the Harbor Point Association (Day Camp Program).

Parent/Guardian Signature Br

Print Parent/Guardian Name Brenda Bates

Date 6/1/2016