

HARBOR POINT ASSOCIATION (Day Camp Program)

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

CAMPER Last Name Bates

CAMPER First Name Howard

DATE OF BIRTH 2005-08-11

CURRENT AGE 11

PARENT(S)

SUMMER ADDRESS 1130 Howard Street

EMAIL hbates@northmen.org

WINTER ADDRESS:

STREET

CITY

STATE

ZIP

LOCAL PHONE 2318817862

CELL PHONE(S) 1:

2:

HARBOR POINT SPONSOR:

LAST NAME

FIRST NAME

SPONSOR PHONE 235-698-7896

MEDICAL INFORMATION: DOES CAMPER HAVE ALLERGIES?

No

LIST HERE

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

EMERGENCY CONTACT (OTHER THAN PARENTS)

LAST NAME

FIRST NAME

EMERGENCY PHONE 231-656-3265

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

OTHER ADULTS WHO MAY PICK-UP/DROP OFF MY CHILD:

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 PAYMENT FORM.

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

BILLING NAME

COTTAGE NUMBER

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

Name of Child

I give permission for counselors to take steps needed for administering first aid/CPR and No
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 assume all responsibility for the health of my child. Yes

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. No

My child is over 8 years of age. The following arrangements will be in place for my child
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 (MUST be signed in person on 1st day of camp)

Print Parent/Guardian Name

Date 6/1/2016