



SOUTHAMPTON TWP CUMBERLAND CO.

Summer Camp



Monday, June 5th - Friday, August 4th

NOTE: There is no camp the week of July 3rd through July 7th, 2017

REGISTRATION FORM

STUDENT'S NAME: _____ **BIRTH DATE:** _____

PARENT/GUARDIAN NAME: _____

HOME ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

MEDICAL CONDITION(S): _____

I, in consideration of my child/children's participation in this activity hereby release Southampton Township Park and Recreation, Southampton Township Cumberland County (at any location) and any individual connected here with from any and all property damage or liability arising from accident, injury or illness suffered as a result of participation in this activity. I also permit the use of any photographs of me or my children for promotional purposes. The parent, guardian or participant assumes all risks inherent in this activity and will hold Southampton Township Park and Rec., its affiliates, directors and employees harmless from any participant claims or causes of action that may arise from this activity, and free and harmless from liability of any nature.

I/We, the parents/guardians of the above child/children, give consent to his/her participation in any and all Southampton Township Park and Rec Summer Camp activities. I/we assume all risks and hazards incidental to such participation, including transportation to and from activities, except to extent and the amount covered by accident and liability insurance.

BEHAVIORAL POLICY: The summer camp will enforce a corrective policy. First offense results in a verbal warning to the child, second offense results in a verbal warning to the child and parent notification, and the third offense results in suspension from the program.

PICK-UP POLICY: All children MUST be picked up by 4:30 PM, excessive late pick-ups will result in suspension from the program.

I give permission for my child/children to participate in the Southampton Township Summer Camp Program. I am aware and agree to abide by the behavioral and pick-up policies cited herein.

Parent/Guardian Signature: _____ DATE: _____

ALTERNATIVE PICK-UP _____ PHONE NO.: _____

DATE: _____ CHECK NO. _____ CASH: _____ AMOUNT: _____ APPROVAL: _____