

Laflin Resident Recreation Board 2018 Summer Camp

Please Register Each Child by Friday, June 8th

Location Laflin Borough Bldg. Playground
Activities Crafts - Sports - Games - Library
Time - Free Play
Dates June 25th – August 3rd
Days Monday - Wednesday - Friday
Time 9:00 – 12:00 noon
Ages 5 to 12 years **(by June 30th)**
Activity Fee \$20 per Child of Laflin Residents

Fee(s) due at time of registration!

The fee will be a one-time fee for special treats such as weekly pizza, special events (e.g. ice cream social, pretzel program, etc.), and daily refreshments such as water & ice pops.

Miscellaneous Please note that children ages 4 & under may attend the camp, however, a responsible parent or guardian, must stay with the child.

Registration

Deadline - June 8th

Please help us make the camp a success!

We are requesting that you register, ASAP. The Recreation Board would like to get a jump start on planning. Late registration will be accepted on a case by case basis (due to purchase of supplies and camp counselor ratios).

A calendar of events and activities will be available late June at the Library.

This is a structured camp with adult counselors (18 years of age minimum). The children will have free play; however, the children must participate in the planned activities and programs also. We want to make it fun and safe for all.

Thank you for your continued support.

The Laflin Recreation Board



cut off the bottom portion of this permission slip and return slip with registration fee, to Laflin Borough

I give permission for my child, _____ (Age ____ by June 30th), to participate in the Laflin Recreation Board 2018 Summer Camp Program. I give permission for my child to take part in all supervised activities. I give permission for my child's likeness to be published in the newspaper, on Nextdoor Laflin, or future publications for the purpose of advertisement of the camp. I also give permission for the Laflin Borough Emergency Personnel to evaluate and treat my child in case of injury.

X _____
Parent or guardian signature **Date**

X _____
Laflin Address **Phone Number**

Laflin Resident Recreation Board Summer Camp 2018

To ensure that the Rec Board's Data Base is up to date and to post any changes to the camp calendar, please provide an updated email address.

Campers Name: _____ Parent/Guardian Email Address: _____

Code of Conduct – Acknowledgement –

Code of Conduct: The staff of the camp is committed to providing a safe and enjoyable experience for the campers; however, campers are also responsible to assist in these efforts. All campers are to show cooperation, respect for others, and a willingness to participate in all activities. Inappropriate behavior will be addressed on an individual basis and could involve a warning, a phone call to parents/guardians, and / or dismissal from the program. Parents/guardians are responsible to make sure their child understands these guidelines. Please note that for campers under the age of 11, a responsible adult must sign a daily attendance log at drop off and pick up to ensure all campers are accounted for.

I have read the Code of Conduct. I agree to the conduct to ensure that my camp experience and the experience of other campers is a positive one. I understand that failure to adhere to these rules may result in my dismissal from the program.

Camper's Signature

Date

I understand and certify that my child's participation in the camp and its activities are completely voluntary. I recognize and have instructed my child the importance of knowing and abiding by the camp's Code of Conduct for safety of all camp participants.

Parent/ Guardian's Name & Signature

Date

Lafin Recreation Board 2018 – Summer Camp

Emergency Contact & Medical Information

Emergency Contact must be completed.

				M	F
Child's Name		Date of Birth / Age		Sex	
Parent's/Guardian's Name		Parent's/Guardian's Name			
()	()	()	()		
Home Phone	Work Phone	Home Phone	Work Phone		
()	Cell Phone				
Address		Address			
City, ST ZIP Code		City, ST ZIP Code			
Alternative Emergency Contacts					
Primary Emergency Contact		Secondary Emergency Contact			
()	()	()	()		
Home Phone	Work Phone	Home Phone	Work Phone		
()	Cell Phone				
Address		Address			
City, ST ZIP Code		City, ST ZIP Code			
Medical Information					
Hospital/Clinic Preference					
Physician's Name			Phone Number		
Allergies/Special Health Considerations					
Parent's/Guardian's Signature			Date		

LAFLIN RESIDENT RECREATION BOARD SUMMER CAMP
WAIVER OF LIABILITY

We, the undersigned agree and understand that the LAFLIN RESIDENT RECREATION BOARD SUMMER CAMP is not directed, supervised or overseen by the Borough of Laflin (hereinafter "Borough"). The participants are not screened, tested or evaluated by the Borough. The program is designed to involve youths in summer activities.

The undersigned participants and parents and/or guardians on their behalf do hereby agree and understand that by participating in the program, they agree to indemnify and hold harmless the Borough, forever waiving their right to any claims, demands, actions and causes of action, and all liability whatsoever against the Borough, the Recreation Board, their agents, servants, employees and representatives. The participants further release and forever discharge the Borough and its agents, servants, employees and representatives, along with its insurers, attorneys and all other persons, firms and corporations, from any and all claims, demands, actions and causes of action, and all liability whatsoever on account of or in any manner arising out of the instant program or anything related thereto.

THE UNDERSIGNED HAVE READ THE ABOVE AGREEMENT IN ITS ENTIRETY, AND UNDERSTAND, AGREE, ACCEPT AND EXECUTE SAME VOLUNTARILY.

PARENT OR GUARDIAN:

WITNESS:

PRINT CHILD'S NAME

PRINT NAME

PRINT PARENT/GUARDIAN NAME

SIGNATURE

SIGNATURE

Date: _____, 20____

Date: _____, 20____