



LIL' PERKIOMY CAMP

Registration Form – Summer 2022

| | |
|---|--------------------------|
| Camp Session <i>(Please check which session your child will be attending)</i> | |
| Camp Session I 6/20-7/1..... | <input type="checkbox"/> |
| Camp Session II 7/11-7/22..... | <input type="checkbox"/> |
| Camp Session III 7/25-8/5..... | <input type="checkbox"/> |

(Please Print)

| Child's Name | M/F | Age (as of 6/20/22) | Birth date MM/DD/YY | Lower Providence Resident Y/N |
|--------------|-----|------------------------|------------------------|----------------------------------|
| | | | | |

T-SHIRT SIZE: (please circle one) **YS YM YL AS** (if you do not circle a size, the child will receive an YM shirt)

1) Primary Parent/Guardian Information

Name: _____
 Home Address: _____
 City/State/Zip: _____
 (H) # _____ (C) #: _____
 Company Name: _____
 City/State/Zip: _____
 Work #: _____
 Primary Email: _____

2) Second Parent/Guardian Information

Name: _____
 Home Address: _____
 City/State/Zip: _____
 (H) #: _____ (C) #: _____
 Company Name: _____
 City/State/Zip: _____
 Work #: _____
 Primary Email: _____

IT IS MANDATORY THAT AN EMAIL ADDRESS IS PROVIDED BY PARENT/GUARDIAN

EMERGENCY CONTACT INFORMATION (Please provide 2 additional contacts in case of an emergency and if parent cannot be reached):

Name: _____ Phone: _____ Relation to Child: _____
 Name: _____ Phone: _____ Relation to Child: _____

HEALTH/MEDICAL INFORMATION

All medical information is kept strictly confidential. It is extremely important that we have all the necessary medical information concerning your child. This also includes any learning disabilities.

Please list any health issues, which may limit your child's activities. (This includes medication taken, allergies, medical conditions asthma, etc.)

Allergies/Food Restrictions: _____

Medical Conditions: _____

Medications: _____

Does your child require accommodations due to health, physical, social, cognitive and/or behavioral needs? YES NO

Explain: _____

Camp registration is on a first-come, first-serve basis. On-line or mail in registrations is accepted. All forms must be filled out completely. Please make checks payable to "Lower Providence Township" and payment must be included for your registration to be honored. Reminder: Camp is closed on Monday, July 4th.

****REFUND POLICY:** A written refund request submitted before 4:30 pm on May 31, 2022 will result in a full refund minus a \$50 cancellation fee per child. There are no refunds after June 1, 2022.

LOWER PROVIDENCE TOWNSHIP
 DEPARTMENT OF PARKS & RECREATION
 100 Parklane Drive, Eagleville, PA 19403
 610-635-3543 www.lptrec.com



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Release of Liability

In consideration of the services and facilities provided by Lower Providence Township, Methacton School District and/or its employees, agents, sponsors and officers, I hereby release and forever discharge the aforementioned from any and all liability arising out of my child's participation in the program. I am fully aware of the risks inherent to this activity and should not allow my child to participate unless medically able. I assume all risks associated with this activity. I agree that photographs, videotapes, recordings, or any other reproduction of my child's image may be used for the purpose of promoting programs operated or sponsored by Lower Providence Township. I hereby grant Lower Providence permission to use such images in any media now or hereafter known for any legitimate purpose, and to use my name in connection therewith if Lower Providence Township so chooses.

Health/Medical

I understand that I shall be notified if a health problem occurs. However, if I cannot be reached by telephone, or my child is in a medical crisis and requires immediate care, I authorize a representative of Lower Providence Township to obtain any and all medical treatment to be performed as deemed necessary by a licensed medical personnel, including emergency medical personnel, ambulance personnel and hospital doctors and nurses.

Photo Policy

We may take your child's photo during summer camp field trips, events and activities. Photo may be displayed on the Parks and Recreation website, social media pages, in flyers and newsletters or submitted to local newspapers.

Parent Handbook

I have read a copy of the Lower Providence Township Summer Camp Parent Handbook, which outlines the policies and procedures, code of conduct, disciplinary procedures and other information concerning the program.

I have read and fully understand that these terms are contractual and not a mere recital and sign it voluntarily.

Parent/Guardian Name: _____ Date: _____

Signature: _____

For Office Use:

Payment options: CASH CHECK #: _____ Credit Card Other _____

P&R Staff Initials: _____ Process Date: _____