

Referred By: _____

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2019 CAMP 99 REGISTRATION FORM

CAMPER'S NAME _____ AGE AT TIME OF CAMP _____

GRADE CHILD WILL BE ENTERING IN SEPTEMBER 2019 _____

Parent/Guardian Name _____

Street Address _____ City, State _____ Zip _____

Cell _____ Email _____

IMPORTANT!! Emergency contact phone number during camp hours _____

Registration Date: _____ Registration Fee - \$150 Paid Cash Check # _____

If paying by credit card, please supply a legible email and the registration fee invoice will be sent to you via Square.

CAMP 99 MAILING ADDRESS: P.O. BOX 356 • OCEAN CITY, NJ 08226

2019 FULL DAY SUMMER PROGRAM

7 am until 6 pm

June 24 to August 28

Check weeks campers will be attending:

- June 24 - June 28
 - 5 Days 4 Days 3 Days 2 Days
- July 1 - July 5 (**CAMP CLOSED ON JULY 4**)
 - 4 Days 3 Days 2 Days
- July 8 - July 12
 - 5 Days 4 Days 3 Days 2 Days
- July 15 - July 19
 - 5 Days 4 Days 3 Days 2 Days
- July 22 - July 26
 - 5 Days 4 Days 3 Days 2 Days
- July 29 - August 2
 - 5 Days 4 Days 3 Days 2 Days
- August 5 - August 9
 - 5 Days 4 Days 3 Days 2 Days
- August 12 - August 16
 - 5 Days 4 Days 3 Days 2 Days
- August 19 - August 23
 - 5 Days 4 Days 3 Days 2 Days
- August 26 - August 28
 - 3 Days 2 Days

FULL SUMMER SPECIAL

\$1309.00

The Full Day Summer Special is June 24 to August 28.

WEEKLY RATES

5 DAYS	4 DAYS	3 DAYS	2 DAYS
\$169	\$159	\$149	\$129

The Weekly Rates are in effect if not enrolling for the Full Day Summer Special.

FULL CAMP PAYMENT & IMMUNIZATION RECORDS MUST BE RECEIVED BY JUNE 1, 2019.

CAMP PAYMENT SCHEDULE

FIRST PAYMENT DUE FEBRUARY 11, 2019

SECOND PAYMENT DUE APRIL 29, 2019

FINAL PAYMENT DUE JUNE 1, 2019

CAMP 99 will be held at the Magnolia Community Center, located at 425 Brooke Ave, Magnolia, NJ.

The camp hours are 7:00 am to 6:00 pm, Monday through Friday.

CAMP 99 Important Information Form

Child's Name: _____ Age: _____ Sex: _____ D.O.B.: _____

Parent or Guardian Name: _____

Phone Contact: Home/Cell: _____ Work: _____

Email Address: _____

IN CASE OF EMERGENCY:

Emergency Contact during CAMP 99 hours: _____ Number: _____

Alternate Contact during CAMP 99 hours: _____ Number: _____

Preferred health care facility: _____

(nearest one if none preferred)

Family Doctor: _____ Number: _____

(Physician on staff if none entered)

GENERAL HEALTH INFORMATION: PLEASE SUBMIT A COPY OF YOUR CHILD'S IMMUNIZATION RECORD

Does your child experience frequent: *(Check all that apply)*

- Headaches Strep/Sore Throat Ear Infections Respiratory Infections Stomach Virus/Cold/Flu

Recent Medical Attention or Serious Injuries: _____

RECOMMENDATIONS & RESTRICTIONS WHILE AT CAMP:

Restricted activities or physical limitations of camper: _____

Suggestions or health-related information: _____

If medication is to be administered at camp, please fill out the Medical Form.

Behavioral or emotional information: _____

Seasonal Allergies & Treatment: _____

Food Allergies & Treatment: _____

HEALTH HISTORY STATEMENT

This health history is correct to the best of my knowledge, and the camper listed above has permission to engage in all camp activities without limitations except as noted.

EMERGENCY AUTHORIZATION:

In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp director to secure proper treatment for the person named above.

The following persons are authorized to pick up my child(ren):

Signature: _____ Date: _____

By typing your name here, this acts as your signature in an electronic format.

CAMP 99
TERMS OF ENROLLMENT/LIABILITY WAIVER
(One form per camp family)

INIT.

- Registration fees, deposits and unused camp balances are NON-REFUNDABLE. Deposits are non-transferable.
- CAMP 99 is not responsible for camper's personal belongings if lost, stolen or damaged. CAMP 99 will make every effort to provide proper supervision so that losses will be at a minimum.
- I authorize CAMP 99 to use camp photos that may include my child(ren) on social media and in print.
- CAMP 99 will charge a late fee of \$20 per 15 minutes for children left in our care after the 6:00 pm closing time. This fee is due and payable upon pick up of child(ren).
- Directors reserve the right to deny, cancel, sever, or suspend a child's enrollment if deemed in the best interest of the camper or CAMP 99, in which case the deposit or unused camp fee will NOT be refunded. If your child's behavior continually causes a severe disruption to the camp experience of another child or children, they will be dismissed and any unused camp fees will NOT be refunded.
- Camp balances must be paid in full by June 1st. Campers will not be accepted into camp until balance is paid in full. No reduction or allowance will be made for the late arrival or early withdrawal of a camper. No allowance will be made for any interruption in the camp season due to illness, family vacation, etc.

Make checks payable to: Camp 99. Our mailing address is P.O. Box 356, Ocean City, NJ 08226.

There is a \$30 service fee for returned checks.

In the instance of a returned check, we reserve the right to accept only a guaranteed form of payment (ie. certified check, cash, or credit card).

I realize every precaution is taken to eliminate any injuries or hazards, however, in the event of an injury, I hereby waive, release and hold harmless from any liability for damages for personal injury, including accidental death, as well as from claims for property damage which may arise in connection with the above named activity, against the director, CAMP 99, it's officers, agents, employees, affiliates, and volunteers. In case of an accident or other emergency, personnel of CAMP 99 and/or its agents are hereby authorized to secure medical care if deemed necessary as a result of accident or injury of participant. I further agree to pay any and all costs incurred as a result of said treatment.

I acknowledge that I have read and fully understand the terms of enrollment for CAMP 99.

PARENT/GUARDIAN SIGNATURE: _____ DATE _____

CAMP 99 BEHAVIOR MANAGEMENT POLICY

(One form per camp family)

Please review the following rules with your child. These rules are in place to ensure that each and every child has a positive, fun, safe camp experience. We encourage and appreciate the support of our camp families in following these important camp rules.

CAMP 99 RULES:

1. Listen and follow directions.
2. Keep hands and feet to yourself.
3. Be kind. Respect yourself, your fellow campers, your counselors and camp property.
4. No foul language.
5. Do not bring toys or personal items to camp. CAMP 99 is not responsible for the loss or theft of these items.
6. We are an “electronic free” camp and do not allow electronic games or cell phones. CAMP 99 is not responsible for the loss or theft of these items.

CAMP 99er Consequences:

1. Placing camper with another group.
2. Verbal warning or time-out.
3. Sent to main office for a discussion with CAMP 99 director about proper behavior.
4. Behavior Alert slip filled out and given to parent. Parent must sign and a copy is kept in camper’s file.
5. In the event that a camper receives 3 Behavior Alert slips, camper may be suspended or expelled from camp. There are no refunds or credits given for any days a camper has been suspended or removed from camp.
6. If a camper severely endangers the physical, mental or emotional health of another camper, that camper will be dismissed immediately. Camper must be picked up within 1 hour of parent notification.
7. There are no refunds or credits given for unused camp fees when camper has been suspended or expelled from camp.
8. **CAMP 99 reserves the right to terminate a child’s enrollment at our discretion.**

PARENT/GUARDIAN AGREEMENT:

I, the undersigned, have carefully read the above rules and consequences and have discussed them with my child(ren). I agree with the above policy and understand that in the event my child is suspended from camp for failure to follow the rules, I will not receive a refund for any camp fees for the time of suspension. If my child is removed from the camp for any reason, I will not receive a refund for that week or for any weeks paid in advance.

Parent/Guardian Signature: _____ Date: _____

CAMP 99 MEDICATION FORM

CAMP 99 has established policies and procedures regarding the administration of medicine during the camp day. Medication includes all prescribed and over-the-counter medication, inhalers and nebulizers. **All prescribed medication MUST have a doctor's note to be administered at CAMP 99.**

For the safety of our campers, ALL MEDICATIONS are to be kept in the CAMP 99 Medical Station and ARE NOT to be kept with the camper or in the camper's bag. Inhalers can be kept with the camper if specified by a doctor's note.

All prescribed medication must be brought to camp in its original container with the pharmacy label still intact and legible. Over-the-counter medication must be in the original container with the camper's name written clearly on the label.

THIS FORM IS TO BE FILLED OUT AND RETURNED TO THE OFFICE WITH THE MEDICATION.

Child's Name: _____

Medication: _____

Prescription Non-Prescription Refrigeration Required: YES NO

If Prescription, Prescriber's Name: _____ Phone: _____

Dosage Amount: _____ Time to Administer: _____ a.m. _____ p.m. _____ times/day

Dates for Administration: From _____ To _____
Date Date

Special Instructions, i.e. symptoms signaling need for administration, medication indications, reasons to hold medication, adverse reactions:

I give permission to administer medication to my child as stated above.

Parent Signature Date