



## 2020 Summer Camp Registration Packet

### PERSONAL INFORMATION

*Please fill out one packet per child.*

1. Child's Name \_\_\_\_\_ Grade in Fall '20 \_\_\_\_\_
2. Age \_\_\_\_\_ Birthday \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Gender (circle): M F
3. Parent or Guardian Name(s)
  - Mother / Guardian: \_\_\_\_\_ Cell \_\_\_\_\_
  - Father / Guardian: \_\_\_\_\_ Cell \_\_\_\_\_
4. Address \_\_\_\_\_
  - City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  - Phone # ( ) \_\_\_\_\_ Email \_\_\_\_\_
5. Church Affiliation (if applicable) \_\_\_\_\_
6. Authorized Persons to pick up child
  - Name \_\_\_\_\_ Cell \_\_\_\_\_
  - Relationship \_\_\_\_\_
  - Name \_\_\_\_\_ Cell \_\_\_\_\_
  - Relationship \_\_\_\_\_

Please circle the Week(s) your child will attend LeTCC Kids' Camp(s).

*\*limited number of spots available / registration closes 1 week prior to start of camp or when spots are filled*

<u>Week</u>	<u>Dates</u>	<u>Themes</u>
1	July 6 - 9	Treasure Hunters
2	July 13-16	Mad Science*
3	July 20-23	Crafty Creations*
4	July 27-30	KICKS Karate Camp
5	August 3-6	Wilderness Masters**
6	August 10-13	Baking Champions*
7	August 17-20	Adventure Quest**
8	August 24-27	Wacky Water Week

All Day Camps begin at 9:00 AM and will end at 3:00 PM.

Overnight camps begin at 9:00 AM Monday and end at 3:00 PM Thursday

\*Premium Camp Pricing

\*\* Overnight Camp w/ Day Only Option and Pricing

Camper Name: \_\_\_\_\_

**SUMMER CAMP PRICES AND DISCOUNTS**

*\*Rate includes daily supervision, instructors, lifeguards, lunch, a snack, and all materials & activities.*

**Partial scholarships are available for non-premium and non-overnight camps, please call the office at 585-554-3400, or email Program Director Jason Dailey, [jason@letcc.org](mailto:jason@letcc.org), for more details.**

***Registration Fee***

*A \$25 non-refundable registration fee per child per week is due upon registration and will reserve your child's spot at camp. The remaining payment may be made prior to the start of Camp or at the Sign-In Table on Day 1 of your child's selected camp(s). Total registration is nonrefundable at the point of one month prior to each camp.*

**Day Camp Pricing:**

Ages 5-9 years: \$110  
Ages 10-13 years: \$130  
**Day Only: \$35**

**Premium Day Camp Pricing:**

Ages 5-9 years: \$135  
Ages 10-13 years: \$155  
**Premium Day Only: \$45**

**Overnight Camp Pricing:**

Ages 5-9 years: \$235  
Ages 10-13 years: \$255

**Shirt Size (Please Circle): Youth: S M L**

**Adult: S M L XL**

**Full Time Day Camper Discounts (Circle Those Applicable)**

- |   |                                       |
|---|---------------------------------------|
| <b>1. Early Bird Registration — May 10, 2020</b>        | <b>\$10.00 off per week</b>           |
| <b>2. Paid in Full — May 10, 2020</b>                   | <b>\$5.00 off per week</b>            |
| <b>3. Multiple Child Discounts (limit one discount)</b> |                                       |
| <b>Two Children</b>                                     | <b>\$10.00 off per child per week</b> |
| <b>Three Children</b>                                   | <b>\$15.00 off per child per week</b> |
| <b>Four Children</b>                                    | <b>4th Child FREE</b>                 |

**Total Charge for Week(s) Attending** \$ \_\_\_\_\_

**Amount Paid Today (Minimum of \$25 due with registration)** \$ \_\_\_\_\_

**Balance Due by Day 1 of Camp Week** \$ \_\_\_\_\_

<i>For Office Use Only</i>			
Amount Paid _____	Date _____	Balance Due _____	Scholarship? Amount _____
Date Received _____	Paid in Full? Y N		
Remaining Balance _____	Date Received _____		
<i>T-shirt S M L XL</i>			

**LeTCC DAY CAMPER MEDICAL INFORMATION**

**1. Physical restrictions**

\_\_\_\_\_

**2. Allergies** (Please indicate reaction & treatment necessary)

\_\_\_\_\_

\_\_\_\_\_

**3. Medications** Currently Taking:

\_\_\_\_\_

\_\_\_\_\_

Will any of the above medications need to be taken during Day Camp hours? \_\_\_\_\_ If so, please indicate medication & instructions for dispensing. \_\_\_\_\_

\_\_\_\_\_

*\*All medications requiring dispensing during camp hours must be turned in to Day Camp Staff at the Sign-In Table each morning with written instructions.\**

**4. Immunizations** - Please record the month and year of immunizations. You may instead provide a copy of, or have your doctor's office fax, your child's immunization record to:

LeTourneau Christian Center ATTN: DAY CAMP Fax (585) 554-3419

DPT (Diphtheria, Pertussis, Tetanus) _____	HIB (Hemophilus Influenza B) _____
Tetanus Booster ..... _____	Tuberculin Test..... _____
Polio ..... _____	Varicella (Chicken Pox)..... _____
MMR (Measles, Mumps, Rubella... _____	Hepatitis B ..... _____

**If you have chosen not to vaccinate your child you must have a doctor fax us a letter stating that your child is safe to attend camp.**

**5. Are there any other Medical or Additional information our staff should be aware of concerning your child?**

(ex: Dietary, Disability, Major operations, Special precautions, Seizures, Emotional concerns, etc.)

No: \_\_\_\_\_ Yes: \_\_\_\_\_. (If yes, please explain) \_\_\_\_\_

\_\_\_\_\_

Camper Name: \_\_\_\_\_

**LeTCC DAY CAMPER MEDICAL INFORMATION** (cont.)

6. Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

7. Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

8. Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Policy Number \_\_\_\_\_

9. Emergency Contact \_\_\_\_\_ Cell \_\_\_\_\_

Relationship \_\_\_\_\_

**Authorization**

My child has permission to engage in all prescribed camp activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated all special health conditions, including required medication and activity limitations, which should be known to the camp staff. I am aware of and accept the risk inherent in the program activity. I give consent in advance for medical treatment at an appropriate facility in case of illness or injury.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

# LeTCC Kids' Day Camp - 2020 Sunscreen Waiver

You are hereby authorized to apply sunscreen to:

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Circle Week(s) your child will attend Kids' Camp

<u>Week</u>	<u>Dates</u>	<u>Themes</u>
1	July 6 - 9	Treasure Hunters
2	July 13-16	Mad Science
3	July 20-23	Crafty Creations
4	July 27-30	KICKS Karate Camp
5	August 3-6	Wilderness Masters
6	August 10-13	Baking Champions
7	August 17-20	Archery & Adventure
8	August 24-27	Wacky Water Week

*We will apply sunscreen thirty minutes prior to going outside.*

In consideration of administering the sunscreen as described in the above, the undersigned hereby agrees that neither LeTourneau, nor any of their employees, agents, officers, or board of directors will be held liable in any way for any injury, loss, death or damages arising out of or resulting from administration of the foregoing described sunscreen, and further holds harmless and releases LeTourneau Christian Center, their agents, employees, officers, and board of directors from liability for any claim by or in behalf of \_\_\_\_\_ (child's name) resulting from administration of such sunscreen.

This sunscreen waiver is valid from July 6, 2020 through September 1, 2020.

Parent or Guardians Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

# 2020 SUMMER CAMP RELEASE AND WAIVER OF LIABILITY

**Participant Name** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Dates Attending LeTourneau Christian Center:**

---

This is a legally binding Consent Form and Release of Liability made voluntarily by me, the undersigned Releaser, on my own behalf.

The undersigned hereby acknowledges that participation in the above-named activity involves inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of LeTourneau Christian Center (LeTCC) allowing the undersigned to participate in the above named activity for which or in connection with which LeTCC has made available any equipment, facilities, grounds or personnel for such programs or activities, the undersigned does hereby release and forever discharge LeTourneau Christian Center and the Board of Directors, its members individually, and its officers, agents and employees of any and all claims, demands, rights and causes of action of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequence thereof, resulting from participation in or in any way connected with the above named activity.

In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through participation in this activity. I authorize program staff to secure any licensed hospital, physician and/or medical personnel any treatment deemed necessary for the participant's immediate care.

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages, and losses of any type, which may occur to me, and I hereby fully and forever release and discharge LeTourneau Christian Center, its officers, employees, and insurers including any self-insurance funds of the State from any and all claims, demands, damages, rights of action, present and future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my participation in this class.

I understand that the acceptance of this release and waiver of liability by the management of LeTourneau Christian Center, shall not constitute a waiver in whole or in part of sovereign immunity by said management, its members, officers, agents, and employees.

I have read the above carefully before signing. Further, I understand that this release and waiver of liability shall be effective for a period of time for the dates listed above.

I give permission to use this participant's likeness in either photographic or video-taped promotional materials.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_