



Registration Form

Hockessin PAL Summer Fun Camp 2018

Please Note: All sections of this registration form must be completed in its entirety. Incomplete information may result in delays in processing your child's camp registration. Please take a moment to make sure that all information is accurate.

Camper Information

New Camper

Returning Camper

Camper's Name: _____ T-Shirt Size (Circle one): YS YM YL AS AM AL

Age: _____ Birthdate: _____ Gender: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Any custody arrangements we should know about? No Yes (Please provide documentation if necessary)

Parent/Guardian Contact Information

Mother/Guardian Name: _____

Primary Phone: _____ Other Phone: _____

Email(s): _____

Father/Guardian Name: _____

Primary Phone: _____ Other Phone: _____

Email(s): _____

Emergency Contacts (Please name two people NOT listed above – parents/guardians will always be contacted first)

Name & Relationship: _____ Phone: _____

Name & Relationship: _____ Phone: _____

Health Related Information

Physician's Name: _____ Phone: _____

Allergies, or other medical conditions: _____

Name of Health Insurance Company: _____ Policy #: _____

Camp Information (Please check which week(s) your child will be attending camp)

Week #1: June 11th – 15th

Week #6: July 23rd – July 27th

Week #2: June 18th – 22nd

Week #7: July 30th – August 3rd

Week #3: June 25th – 29th

Week #8: August 6th – 10th

NO CAMP July 2nd – July 6th

Week #9: August 13th – 17th

Week #4: July 9th – 13th

Week #10: August 20th – 24th

Week #5: July 16th – 20th

For questions about camp please contact the Hockessin PAL Camp Coordinator, Jessica Vieitez, at (302) 239-8857



Participation Agreement and Waiver

Hockessin PAL Summer Fun Camp 2018

Participation Agreement: I give permission for my child to participate in the Hockessin Police Athletic League Summer Fun Camp. I agree that my child will abide by all rules and regulations adopted and published by the Police Athletic League of Delaware (PAL) relating to the operation and conduct of the program and the use of the facilities provided for the program. I understand that the failure of my child to observe these rules and regulations may result in his/her exclusion from participation in the program and a forfeit of all registration fees paid to the program.

Photo Consent: I hereby give permission for images of my child, captured during regular camp activities or after care through video, photo, and digital camera, to be used solely for the purposes of the PAL in promotional materials and publications, including the PAL website, and I further agree to waive any rights of compensation or ownership thereto.

Yes No Initials: _____

Swimming Consent: I give my consent for my child to participate in swimming activities during the summer camp program. I understand that all swimming activities will be conducted under the supervision of a certified life guard (as well as PAL staff) and that my child's participation in any swimming event is done at his/her own risk.

Yes No Initials: _____

Transportation Consent: I give my consent for my child to participate in any off-site activity during the summer camp program. Transportation to and from these activities will be provided via school bus or van which will be under the supervision of at least two (2) trained camp staff members.

Yes No Initials: _____

Discipline Policy: In order to provide a rewarding camp experience for everyone, it is important that your child behave appropriately. In the event that disciplinary action is warranted, the following steps will be taken:

1st incident: to the best extent possible, the child will be removed from other campers to a one-on-one setting with a camp staff member. The child will receive an explanation as to why their behavior was inappropriate and will receive a verbal warning.

2nd incident: camp staff will determine an appropriate consequence for the child's action. This may include restriction from further activity or quiet time away from other campers. The child's parent/guardian will be notified of the behavioral problem.

3rd incident: the child will be removed from camp.

For incidents involving serious misconduct (including but not limited to bullying, intimidation of fellow campers, fighting, etc.) the parent/guardian will be required to pick up the child. The Camp Director and PAL Officer will determine the appropriate disciplinary action. Additionally, the child will not be permitted to return to camp until a meeting can be arranged between camp staff, the parents/guardians, and the camper. Any child removed from camp for misconduct will forfeit all registration fees. No refunds will be given.

Yes No Initials: _____

Youth Waiver Agreement:

I give permission for my child to participate in the Summer Camp program that he/she is currently registering for with the Police Athletic League of Delaware. I agree that my child will abide by all rules and regulations adopted and published by the PAL relating to the operation and conduct of the program and the use of the facilities provided for the program. I understand that the failure of my child to observe these rules and regulations may result in his/her being excluded from participation in the program.

I represent that my child is physically able to participate in the program. I fully understand that his/her participation may entail the risk of physical injury. I agree to waive any claim of any kind whatsoever, whether resulting from an injury or otherwise, and further agree to release, indemnify, and hold harmless the program, PAL, and their respective directors, officers, employees, agents and/or representatives from any and all liability occurring as a result of his/her participation in the program.

I will be personally responsible for any financial costs incurred as a result of his/her participation in the program, including, without limitation, transportation and/or medical expenses incurred as a result of any injury. Furthermore, I understand that the PAL assumes no liability for lost, misplaced, stolen, and/or damaged property and I hereby agree to release the PAL from such liability. **The undersigned has read & voluntarily signed this waiver slip.**

Child's Name (please print): _____

Father/Guardian Signature: _____

Date: _____

Mother/Guardian Signature: _____

Date: _____



Medical Information and Authorization Form

Hockessin PAL Summer Fun Camp 2018

Camper's Name: _____

Birthdate: _____

Due to the state of Delaware Public Health requirements, we are REQUIRED to have on file current immunization records for all campers attending our camp. You must provide a photocopy of your child's ENTIRE IMMUNIZATION RECORD that indicates they are up to date on the following immunizations:

- DTP (Diphtheria, Tetanus, Pertussis)
- HIB (Hemophilus Influenza)
- MMR (Measles, Mumps, Rubella)
- OPV/IPV (Polio Oral & Injected)

(Please Print) I, _____ hereby give my consent to the Police Athletic League of Delaware, who will be caring for my child, to arrange for emergency/medical/surgical/dental care and treatment (including diagnostic procedures) necessary to preserve the health of my child. I acknowledge that I am responsible for all reasonable charges in connection with any care and treatment rendered.

I understand that the Police Athletic League of Delaware (PAL) will not assume responsibility for accidents and/or medical or dental expenses received as a result of participation in the camp.

I give permission to the PAL to dispense the medication(s) listed below, if any, to my child according to the information provided. In the event that the emergency contacts cannot be reached, I hereby grant the PAL permission to give whatever immediate treatment is necessary and/or take my child to the nearest Hospital Emergency Room. On behalf of myself and my child, I release the Police Athletic League of Delaware, its trustees, officers, faculty, and employees from any and all claims arising from emergency treatment and/or administration of medication with respect to my child.

Medical Instructions

If it is necessary for your child to receive medication during camp, please do the following:

1. Give the medication to the camp coordinator (or send the medication to the camp with an adult if you are unable to bring it yourself).
2. Send medication in the original container (with date) properly labeled with the following information:
 - Correct name of individual receiving medication
 - Time medication is to be taken
 - Amount of dosage individual is to receive

Please indicate below any medications your child will be taking

Medication: _____ Reason for taking: _____

Dosage/Instructions: _____ Time: _____

Medication: _____ Reason for taking: _____

Dosage/Instructions: _____ Time: _____

I have carefully read all of the information, policies, and procedures above and I agree to all the terms and conditions. I am the legal guardian of the camper.

Parent/Guardian Signature: _____

Date: _____



Payment Form

Hockessin PAL Summer Fun Camp 2018

A registration form, medical form, and participation agreement must be completed for EACH CHILD attending camp. **Only ONE payment form is needed PER FAMILY.**

All camp changes and/or cancellations must be submitted to the camp director in writing. Verbal cancellations, changes, or additions will not be accepted. Please see deposit, refund, and transfer policies below for more information.

Payments: We accept cash or check (payable to PAL of Delaware).

Deposits: The first 50% of your camp payment is considered a deposit to hold your child's camp spot. Deposits are non-refundable but it is possible that the deposit may be transferred according to the transfer policy below.

Refund: If your child is unable to attend a camp in which he/she is enrolled, you may request a refund for any amount over and above the deposit. You must make your request in writing to the Hockessin PAL Camp Director via US Mail, fax, or email. The request must be received by the close of business on the **Tuesday prior** to the Monday that your child is scheduled to begin camp. Please note that refunds for payments may take up to six to eight weeks to process.

Transfer Policy: If your child is unable to attend a camp in which he/she is enrolled, you may request a transfer of the amount paid against that camp to another camp week, within the same camp season. You must make your request in writing to the Hockessin PAL Camp Director via US Mail, fax, or email. The request for the transfer of a deposit must be received by the close of business on the **Tuesday prior** to the Monday of the camp week that your child was scheduled to attend.

Payment Calculator

Summer Camp Cost (per "Individual Week") = \$220

If 2 or more siblings attend camp the same week, the first child will be the full individual week rate, and any additional children will be the discounted "Sibling Week" rate of \$200. If siblings attend separate weeks of camp, each week will be considered an individual week, and cost \$220.

Number of individual weeks requested: _____ x \$220 = \$ _____ (a)

Number of sibling weeks requested: _____ x \$200 = \$ _____ (b)

Total Cost for Camp: (a) + (b) = \$ _____ (c)

Deposit Calculator

Total number of weeks requested (for all children): _____ x \$100 = \$ _____ (d)*

**This is the MINIMUM amount due when you register. Full payment is acceptable at time of registration.*

Camp Balance: (c) - (d) = \$ _____ **

***The balance can be paid in installments, or all at once. Must be paid in full by the last week your child attends camp.*

Additional Notes:

-All campers will be given a camp t-shirt. Shirts will be required on certain field trips during the summer. If your child forgets their shirt on the day of the field trip, they will be required to purchase one to wear.

-Additional shirts cost \$8/each.

For Office Use Only:

Date of Application: _____

Date of Deposit: _____

Deposit: Cash Check # _____

Deposit Amount: _____

Received by: _____

Balance after deposit: _____

Date: _____ Cash Check # Amount: _____ Balance: _____

Date: _____ Cash Check # Amount: _____ Balance: _____

Date: _____ Cash Check # Amount: _____ Balance: _____

Date: _____ Cash Check # Amount: _____ Balance: _____

Date: _____ Cash Check # Amount: _____ Balance: _____

Date: _____ Cash Check # Amount: _____ Balance: _____

Date: _____ Cash Check # Amount: _____ Balance: _____

Date: _____ Cash Check # Amount: _____ Balance: _____

Date: _____ Cash Check # Amount: _____ Balance: _____

PAID IN FULL [] Staff Signature: _____

