

CAMP DAVIS DAY CAMP REGISTRATION FORM



Camper Name: _____ Male Female DOB: _____ Age: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Parent/Legal Guardian: _____
 Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Authorized Pick-Up & Emergency Contact List (Other than parent / legal guardian)

Please provide names and phone numbers of persons other than parents or guardians allowed to pick up your child. Any custody or restraining orders in place must be provided to the Camp in writing. All information kept confidential.

Contact #1 Name: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Contact #2 Name: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Session	Select wk (parent)	Fee (staff use)	Deposit (staff use)	Balance (staff use)	Receipt # (staff use)	MOP (staff use)
Week 1 (June 22-26)						
Week 2 (June 29-July 3)*						
Week 3 (July 6-10)						
Week 4 (July 13-17)						
Week 5 (July 20-24)						
Week 6 (July 27-31)						
Week 7 (August 3-7)						
Week 8 (August 10-14)*						
Week 9 (August 17-21)						
Week 10 (August 24-28)						
Category Total						

Closed July 3 & August 10

PARENT CONSENT FORM

Permission to treat

Each child is required to complete the entire Camp Davis Health History and Examination Form. The Camp Director must be advised of any conditions that would limit the camper's ability to participate in any programs.

In the event of an emergency, I (parent/guardian name) hereby authorize the Boys & Girls Clubs of Providence and Camp Davis staff to administer First Aid, CPR, and/or arrange for medical examination, treatment, and/or transportation of my child (child's name), should an emergency arise during summer camp, as well as on any field trip. It is understood that a conscientious effort will be made by the Boys & Girls Clubs of Providence/treatment center to contact me at the emergency daytime phone number I have provided before any medical action is taken.

Signature of parent or legal guardian: _____ Date: _____

Parent or legal guardian authorizations

I give the Boys and Girls Clubs of Providence & Camp Davis permission to transport my child on all field trips during camp. I give my child permission to participate in all camp field trips. I have read or have had read to me, understand and accept these terms:

Signature of parent or legal guardian: _____ Date: _____

The Boys & Girls Clubs of Providence and Camp Davis reserves the right at its sole discretion to refuse application or dismiss a child from camp. No refund will be made if a child attends any portion of the camp session. I have read or have had read to me, understand and accept these terms:

Signature of parent or legal guardian: _____ Date: _____

I give the Boys & Girls Clubs of Providence permission to photograph and / or videotape my child for the purpose of Marketing / Public Relations. I have read or have had read to me, understand and accept these terms:

Signature of parent or legal guardian: _____ Date: _____

I hereby give permission for my child to participate in the Adventure Based Low/High Ropes Program. I understand that my child will be participating in activities that may be up to 50 feet off of the ground. I have read or have had read to me, understand and accept these terms:

Signature of parent or legal guardian: _____ Date: _____