



# CAMP DAVIS OVERNIGHT CAMP REGISTRATION FORM

|   |
|---|
| Camper Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> 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 the 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 Director 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<br>(parent) | Fee<br>(staff use) | Deposit<br>(staff use) | Balance<br>(staff use) | Receipt #<br>(staff use) | MOP<br>(staff use) |
|--|-----------------------|--------------------|------------------------|------------------------|--------------------------|--------------------|
| Week 1 (July 27 - July 31)<br>"Wild Water Week"          |                       |                    |                        |                        |                          |                    |
| Week 2 (August 3 - August 7)<br>"Way-Out-Rageous Week"   |                       |                    |                        |                        |                          |                    |
| Week 3 (August 11 - August 14)<br>"Olympic Records Week" |                       |                    |                        |                        |                          |                    |
| Week 4 (August 17 - August 21)<br>"Best of the Best"     |                       |                    |                        |                        |                          |                    |

*\* Week 3 runs Tuesday through Friday in observance of Victory Day.*

# 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 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, 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 & Girls Clubs of Providence and 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 and Camp Davis 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: \_\_\_\_\_**