

**Pineville Parks and Recreation Department
2010 Summer Camp ♦ Registration Form
Please Print ♦ One Form Per Child**

Camper's Name _____ Age _____
 Birth date _____ Sex: Male / Female
 T-shirt size: (Circle One) Youth S Youth M Youth L
 Youth XL Adult Med. Adult Large
 Parent/Guardian Name(s) _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____
 E-Mail address _____

EMERGENCY CALL LIST:

1. Name _____ Relation _____ Phone _____
 2. Name _____ Relation _____ Phone _____
 3. Name _____ Relation _____ Phone _____

Camp Selection: Circle the appropriate dates and insert appropriate fee

Week	Dates	Resident Fee	Non-Resident Fee	Per Week Total
1	June 14 - 18	\$50/\$40 – 2 nd child	\$70/\$55 – 2 nd child	\$
2	June 21 - 25	\$50/\$40 – 2 nd child	\$70/\$55 – 2 nd child	\$
3	June 28 – July 2	\$50/\$40 – 2 nd child	\$70/\$55 – 2 nd child	\$
4	July 6 - 9	\$50/\$40 – 2 nd child	\$70/\$55 – 2 nd child	\$
5	July 12 - 16	\$50/\$40 – 2 nd child	\$70/\$55 – 2 nd child	\$
6	July 19 - 23	\$50/\$40 – 2 nd child	\$70/\$55 – 2 nd child	\$
7	July 26 - 30	\$50/\$40 – 2 nd child	\$70/\$55 – 2 nd child	\$
8	Aug. 2 - 6	\$50/\$40 – 2 nd child	\$70/\$55 – 2 nd child	\$
	Registration Fee			\$ 10.00
	Total			\$
	Deposit (1/2 total)			\$
	Amount Due by 6/14			\$

Please indicate any special needs that your child may have that would affect his/her participation in planned Day Camp activities. List any additional comments you feel would be helpful for out staff to know about your child.

Consent and Release

I _____ hereby grant permission for the participant to take part in the Summer Day Camp program, which is sponsored by the Pineville Parks & Recreation Dept. I also agree, on behalf of myself and the participant, not to make any claims or demands of any kind against the Town of Pineville or any of its employees or agents for any loss or injury that the participant might sustain while engaged in the Summer Day Camp program including transportation for any activities.

♦ I authorize such physician or medical staff as the Pineville Park & Recreation Department may designate to carry out any minor medical/surgical treatment and/or medication necessary, or to take the participant to the nearest emergency facility, and I further authorize its medial staff to provide any treatment decided necessary for the will-being of the participant.

♦ I also agree that photographs of the participant may be published for the purpose of publicizing and promoting programs operated and /or sponsored by the Pineville Parks & Recreation Department.

♦ All written requests for refunds must be submitted by June 15, 2009, and a 10 % administrative fee will be deducted.

Signature of Parent/Guardian _____ Date _____

**Pineville Parks and Recreation Department
2010 After Camp Care ♦ Registration Form
Please Print ♦ One Form Per Child**

Week	Dates	Resident Fee	Non-Resident Fee	Per Week Total
1	June 14 - 18	\$30	\$40	\$
2	June 21 – 25	\$30	\$40	\$
3	June 28 – July 2	\$30	\$40	\$
4	July 6 - 9	\$30	\$40	\$
5	July 12 - 16	\$30	\$40	\$
6	July 19 – 23	\$30	\$40	\$
7	July 26 – 30	\$30	\$40	\$
8	Aug. 2 – 6	\$30	\$40	\$
	Total			\$
	Deposit (1/2 total)			\$
	Amount Due by 6/14			\$