



# SUMMER CAMP REGISTRATION

Please use a separate form for each child. Registration is on a first come first serve basis. Return completed forms to the front desk with payment to reserve spot.  
All registration forms must be complete to ensure a spot.

Camper Name \_\_\_\_\_  Female  Male  Other Birthday: \_\_\_/\_\_\_/\_\_\_  
FIRST LAST

Parent/ Guardian's Name \_\_\_\_\_ Phone #: \_\_\_\_\_ Member: Y/N  
FIRST LAST

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

## DAYS ATTENDING

Please circle all days that campers will be attending. Let counselors know at check in if campers will be picked up early.

THEME	Monday	Tuesday	Wednesday	Thursday	Friday	
Angry Birds	19-Jun	20-Jun	21-Jun	22-Jun	23-Jun	Full Week
Lego Dimensions	26-Jun	27-Jun	28-Jun	29-Jun	30-Jun	Full Week
Pokemon Go!	3-Jul	<b>NO CAMP</b>	5-Jul	6-Jul	7-Jul	Full Week*
Super Mario Bros.	10-Jul	11-Jul	12-Jul	13-Jul	14-Jul	Full Week
Plants vs. Zombies	17-Jul	18-Jul	19-Jul	20-Jul	21-Jul	Full Week
PacMan	24-Jul	25-Jul	26-Jul	27-Jul	28-Jul	Full Week
Skylanders	31-Jul	1-Aug	2-Aug	3-Aug	4-Aug	Full Week
MineCraft	7-Aug	8-Aug	9-Aug	10-Aug	11-Aug	Full Week
Sonic the Hedgehog	14-Aug	15-Aug	16-Aug	17-Aug	18-Aug	Full Week
MarioKart	21-Aug	22-Aug	23-Aug	24-Aug	25-Aug	Full Week

**MEMBER PRICES**  
WEEK: \$250 (Sibling: \$200)  
DAY: \$55 (Sibling: \$50)

**NON-MEMBER PRICES**  
WEEK: \$300 (Sibling: \$250)  
DAY: \$65 (Sibling: \$60)

\*The full week MEMBER price for July 3 – July 7 is \$200 (Sibling: \$150). The full week NON-MEMBER price is \$250 (Sibling: \$200)

## AUTHORIZED PERSONS FOR PICK-UP

Only the people on this list will be able to pick up the campers, please list parents/guardians names as well. Photo identification is required for new pick-up persons.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## RELEASES

<b>Photo Release:</b> I understand that pictures may be taken of the participants during activities and I give permission to have the pictures posted on any of Mountain Park Materials.	Yes _____ (Initial)	No _____ (Initial)
<b>Check-In:</b> I understand that my child, regardless of age, must be signed in with a KidZone staff member by an adult.	Yes _____ (Initial)	X
<b>Responsibility:</b> My child must arrive in close toed shoes with a lunch and change of clothes for swimming.	Yes _____ (Initial)	X
<b>Check-Out:</b> I understand that all children must be checked out by an adult authorized listed on the registration form.	Yes _____ (Initial)	X
<b>Sunscreen:</b> My child will bring their own sunscreen to camp for their personal use.	Yes _____ (Initial)	X
<b>Life Jacket:</b> My child requires a life jacket to go swimming in the pool.	Yes _____ (Initial)	No _____ (Initial)
<b>Movies:</b> My child has permission to watch a PG rated movie if it is part of a camp activity.	Yes _____ (Initial)	No _____ (Initial)
<b>Food:</b> My child has permission to consume food items distributed by camp staff as a part of camp activities unless they have a known related food allergy to the product(s).	Yes _____ (Initial)	No _____ (Initial)

# WAIVER

In participating in all camp programs sponsored by the Mountain Park Home Owners Association, I hereby acknowledge that I understand there are risks of accident resulting in bodily harm arising out of those activities. I understand that the camp activities are planned with the safety of the participants in mind. I further acknowledge that my child has the physical capacity reasonably necessary to engage in the camp activities for which I have enrolled them. In case of emergency, accident, or illness, I give permission for my child to be by a professional medical person and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses which are incurred in their behalf. It is understood and agreed that the Mountain Park Home Owners Association, Boards, employees, volunteers, and agents be held harmless against all claims, damages, loss, or expenses including attorney fees arising out of or resulting from their participation in recreation programs.

**\*\*I have read the above statements and understand the contents\*\***

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

Date Posted _____
Account Number _____
HH Received Date _____
Received By _____
Receipt Number _____