

## Sunny Days Summer Camp



### 2022 Registration Form

Camper Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name/s \_\_\_\_\_

Phone (C) \_\_\_\_\_ Phone (C) \_\_\_\_\_

Parents Email \_\_\_\_\_

Age at Camp \_\_\_\_\_ Birthdate \_\_\_\_\_ School Grade (2021/22) \_\_\_\_\_

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Weeks Attending (Please Circle) #1 #2 #3 #4 #5 #6 #7 #8

Please Check: Full Day Camp: \_\_\_\_\_ Mini Camp: \_\_\_\_\_ AM Session \_\_\_\_\_

PM Session \_\_\_\_\_

T-Shirt Size: (Please Circle) YS YM YL AS AM AL AXL

#### Medical Information

Does camper have any allergies? Yes No If Yes, please describe: \_\_\_\_\_

Is camper taking any medications? Yes No If Yes, please describe: \_\_\_\_\_

Does camper have dietary restrictions? Yes No If Yes, please describe: \_\_\_\_\_

## Sunny Days Summer Camp

Emergency Contact Names	Relationship to Camper	Contact #	Contact #

Medical Insurance Provider/s	Policy Holder	Policy #	Contact #

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CAMPER RELEASE: PERSON(S) TO WHOM THE CHILD MAY BE RELEASED: (PLEASE PROVIDE FULL NAME)

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_
- 4.) \_\_\_\_\_

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### Waiver of Liability

I hereby authorize the staff of Sunny Days Summer Camp to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive St. Katharine Drexel from any and all liability for any injuries or illness incurred while at the Sunny Days Summer Camp. I have no knowledge of any physical impairment that would be affected by my child/ren's participation in the program. I also understand Sunny Days Summer Camp retains the right to use for publicity and advertising purposes, photographs and video of the participants taken during the summer camp. I also understand that the Sunny Days Summer Camp staff reserve the right to dismiss any participant whose conduct is detrimental to the program and no refund will be issued. I hereby give my permission for my child to watch G and PG rated movies. I, give my son/daughter permission to use the technology at Sunny Days Summer Camp. During the times they will be using technology, they will be monitored by staff members. Campers are to follow all rules and use the technology with respect and responsibility. I, as well as my child understand if they do not cooperate, they will not be allowed to use any technology for the remainder of camp and if any damages occur, I will be held accountable.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Sunny Days Summer Camp

## Payment Information

### Pricing

Full Day Camp (5 days 9:00 to 3:00): \$170.00

Half Day (5 days 9:00 to 12:00 or 12:00 to 3:00) \$145.00

(Please fill out the entire sheet)

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Registration Fee \$25

1st Child Tuition \$ \_\_\_\_\_

2nd Child Tuition @ 10% off \$ \_\_\_\_\_

3rd Child Tuition @ 10% off \$ \_\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_

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Amount Enclosed with Registration \$ \_\_\_\_\_

Please return registration materials to school by Friday April 1<sup>st</sup>.

Balance Due \$ \_\_\_\_\_

Tuition must be paid in full by Friday June 3<sup>rd</sup>.

**A confirmation email will be sent to you after registration has closed.**