

2014 SUMMER CAMP REGISTRATION FORM

Mail or Drop Off: Meade Activity Center, 493 Lawrence St. Brandenburg, KY 40108

Camp Location: David T. Wilson Elementary School

Financial assistance is available for those who demonstrate a need. A financial assistance form and proof of income, including a copy of your 2013 tax return is required.

Registration Information: Programs fill quickly, so please register early. Registration is on a first come-first serve basis. All registration forms must be accompanied by a \$25 non-refundable registration and a current immunization certificate.

CHILD INFORMATION (Please Complete Entire Form)

Child's Last Name			Middle			First			Male <input type="checkbox"/>	Race
									Female <input type="checkbox"/>	
Date of Birth (Month/Day Year)		Age	Home Phone		Family E-mail					
Home Address					City/State/Zip					
Parent/Guardian (authorized to pick up child)			Date of Birth		Place of Employment:		Work Phone		Cell/Pager	
Parent/Guardian (authorized to pick up child)			Date of Birth		Place of Employment:		Work Phone		Cell/Pager	

PERSONS OTHER THAN PARENT/GUARDIAN AUTHORIZED TO PICK UP CHILD:

Name		Relationship to Child			Home/Work/Cell Phone	
Name		Relationship to Child			Home/Work/Cell Phone	

PERSONS UNAUTHORIZED AUTHORIZED TO PICK UP CHILD:

Name			
Name of Child Physician		Physician's Address	Physician's Phone Number
Please list any allergies or medical conditions your child has:			
Please list any medications your child is currently taking and for what condition:			

Please circle the camp for all sessions you plan for your child to attend:

Camp Codes: D-Day Camp O-Olympics B-Bowling
 SW-Swim GY-Gymnastics A-Art
 G-Golf T-Tennis

June 16-20	D			SW	G			
June 23-27	D		B				GY	
June 30-July 3	D	O						
July 7-11	D			SW			GY	
July 14-18	D		B			A		
July 21-25	D			SW				T

If registering for Tennis Camp or Golf Camp, is it A.M. drop-off/pick-up? YES/NO

*No Camp held on Friday, July 4th

Parent/Guardian Agreement: The child herein described has my permission to engage in all activities as well as to be transported by the MAC, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the director of the program or designee, to secure emergency medical services including transportation and a physician. I also give permission to the attending physician to order injection, anesthesia, or surgery for my child, as named above, in the event of a life or death emergency. The MAC does not carry insurance on its participants.

The undersigned understands that the Meade Activity Center does not allow members of staff to perform additional child care services or any other services directly for program participants that are outside the normal scope of the MAC's programs. Should an employee perform such services without the knowledge of the MAC, said employee will not be acting as an employee or agent of the Meade Activity Center and disclaims any and all liability in connection therewith.

I give the MAC permission to use my child's photo in promotional literature
 _____ Yes _____ No

Signature of Parent or Guardian _____

Date _____

Prices: Day Camp \$95/Week - A \$15 non-refundable, non-transferable deposit for each week your child is attending is required at the time of registration. The balance of the fee is due by check or money order (NO CASH) on Monday of the week in which your child is attending.

Prices: Specialty Camps
 The fees for all Specialty Camps are due in full at the time of registration. Any cancellation made after May 30, 2014 will not be eligible for a refund.

Olympics Camp	\$120/week
Gymnastics Camp	\$135/week
Bowling Camp	\$135/week
Swim Camp	\$135/week
Golf Camp	\$140/week
Tennis Camp	\$140/week
Art Camp	\$140/week

**Meade Activity Center Members will receive a 20% discount.*

Payments	
Registration Fee:	\$25
Day Camp Deposits ___ Wk @ \$15	_____
Specialty Camps (Total from Circled Camps)	_____
TOTAL PAYMENT ENCLOSED	_____
Payment can be made by check, money order, or major credit card.	