

2017 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 2015 tax return is required.

All registration forms must include a \$25 non-refundable registration fee and a current immunization certificate.

Registration Information: Programs fill quickly, so please register early. Registration is on a first come-first serve basis.

CHILD INFORMATION (Please Complete Entire Form)

Child's Last Name			Middle	First	Male <input type="checkbox"/>	Race/Ethnicity
					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		

PERSON(S) 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

PERSON(S) UNAUTHORIZED TO PICK UP CHILD:

Name(s)

MEDICAL:

Name of Child's 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:		

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 even 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 _____

TO CHOOSE CAMPS AND DETERMINE PAYMENT AMOUNT, PLEASE SEE REVERSE SIDE.

2017 SUMMER CAMP LISTING AND PRICES

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

Camp Codes:

D-Day Camp	MA-Martial Arts	S-Swim
T-Tennis	G-Golf	B-Bowling
C-Cave	Z-Zoo	

May 24-26	D							
May 30-June 2	D			S				
June 5-9	D	MA	B					
June 12-16	D			S			C	
June 19-23	D		B					
June 26-30	D				G			
July 3, 5-7	D			S				
July 10-14	D							
July 17,21	D							Z
July 24-28				S		T		

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

Prices: Day Camp \$105/Week (\$84 MAC Members)

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 19, 2017, will not be eligible for a refund.

	WEEK	AM ONLY
Bowling Camp	\$140/\$112	
Cave Camp	\$150/\$120	
Golf Camp	\$135/\$108	\$50/\$40
Martial Arts Camp	\$140/\$112	
Swim Camp	\$135/\$108	
Tennis Camp	\$135/\$108	\$50/\$40
Zoo Camp	\$150/\$120	

Payments

Registration Fee: **\$25**

Day Camp Deposits: ___ Weeks @ \$15 _____

Specialty Camps (Total \$ from Circled Camps) _____

AM Specialty Camps (Total \$ from above) _____

TOTAL PAYMENT ENCLOSED _____

**MAC Members will receive a 20% discount, amounts listed above.*

**2016-17 REC League Participants will have the \$25 registration fee waived.*

Payment can be made by check, money order, or major credit card.