

2022 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.

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 COSTS, PLEASE SEE REVERSE SIDE.

WE ARE ACTIVELY REGISTERING SUMMER CAMP PARTICIPANTS WITH ONLY A \$25 REGISTRATION FEE PER PARTICIPANT DUE AT THIS TIME.

ALL WEEKLY PAYMENTS WILL BE CONDUCTED VIA EFT OR CREDIT/DEBIT CARD

**2021-2022 REC League Participants will have the \$25 registration fee waived.*

*****ALL WEEKLY CAMP FEES WILL BE PAID ELECTRONICALLY THE 1st DAY OF THAT WEEK REGARDLESS OF ATTENDANCE*****

2022 SUMMER CAMP LISTING AND PRICES

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

June 6-10	DAY		Swim					
June 13-17	DAY	Holiday World						
June 20-24	DAY							
June 27-July 1	DAY						Golf	
July 5-8 (No 4 th)	DAY		Swim					
July 11-15	DAY					Cave		
July 18-22	DAY		Swim					
July 25-29	DAY				Tennis			

FOR QUESTIONS ABOUT CAMPS AND ACTIVITIES PLEASE DIRECT QUESTIONS TO AARON GREENWELL.

Aaron.greenwell@meadeactivitycenter.org

270 422-2227

Camp Prices (Fees Will Be Billed Later):

	WEEK	AM ONLY
DAY Camp	\$130/\$115 Member	
Cave Camp	\$160/\$140 Member	
Golf Camp	\$150/\$135 Member	\$60/\$50 Member
Swim Camp	\$150/\$135 Member	
Tennis Camp	\$150/\$135 Member	\$60/\$50 Member
Holiday World Camp	\$170/\$150 Member	

CAMP WEEKLY FEES ARE NOT DUE AT THIS TIME. SEE ABOVE. NO CHANGES, TRANSFERS, CANCELATIONS OR REFUNDS WILL BE PROVIDED AFTER APRIL 22.