

2024 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 most recent 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

**2023-2024 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*****

2024 SUMMER CAMP LISTING AND PRICES

Please circle 1 camp each week for all sessions you want your child to attend. DAY=Standard Various Day Camp

| | | | | | | |
|--------------------------------|-----|------------|------|---------|------|-------------------|
| May 28-31 | DAY | | | | | |
| June 3-7 | DAY | | Swim | | | |
| June 10-14 | DAY | KY Kingdom | | | | |
| June 17-21 | DAY | | | Bowling | | |
| June 24-28 | DAY | | Swim | | | |
| July 1-5 (No 4 th) | DAY | | | | | |
| July 8-12 | DAY | | | | Cave | |
| July 15-19 | DAY | | | | | Golf (AM/All Day) |
| July 22-26 | DAY | | Swim | | | |

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

Aaron.greenwell@meadeactivitycenter.org

[270-422-2227](tel:270-422-2227)

Camp Prices (Fees Will Be Billed Later):

| | WEEK | AM ONLY |
|-----------------|--------------------|------------------|
| DAY Camp | \$135/\$120 Member | |
| Cave Camp | \$175/\$160 Member | |
| Golf Camp | \$155/\$140 Member | \$65/\$55 Member |
| Swim Camp | \$155/\$140 Member | |
| Bowling Camp | \$165/\$150 Member | |
| KY Kingdom Camp | \$175/\$160 Member | |

CAMP WEEKLY FEES ARE NOT DUE AT THIS TIME. SEE ABOVE. NO CHANGES, TRANSFERS, CANCELATIONS OR REFUNDS WILL BE PROVIDED AFTER APRIL 26.