

# 2020 Day Camp Registration Form

Camper's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Grade for '20-'21 /Age at time of camp \_\_\_\_\_ Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's Number \_\_\_\_\_ Father's Number \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

We will offer Before and After Care for day camp. Parents may choose to use either care or both. Cost for before care (7:30-8:45) is \$50.00 and \$55.00 for after care (3:45-5:30).

Make all checks payable to Spartan Day Camp and mail the registration form and **non-refundable \$75.00 deposit** to:

Matt Smith, Director  
Spartan Sports Camps  
2501 Pike Creek Road  
Wilmington, DE 19808

Week of	✓	Before Care	After Care
June 15			
June 22			
June 29			
July 6			
July 13			
July 20			
July 27			
Aug. 3			

## Attendance

Tuition refunds will not be made because of illness or absences. If your child needs to have an early dismissal, please send a note so we can have your child ready!

Mark each week your child will be attending camp. If before and/or after care is needed, please mark accordingly.

The Division of Public Health for the State of Delaware does not require day campers to furnish a report of physical examinations, however a medical history including allergies, others health conditions, and current immunizations are required and must be kept on file at the camp.

## PLEASE PROVIDE A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS!

### ALLERGIES

Hay Fever \_\_\_\_\_

Poison Ivy \_\_\_\_\_

Insect Stings \_\_\_\_\_

Penicillin \_\_\_\_\_

Other drugs \_\_\_\_\_

### DISEASES

Chicken Pox \_\_\_\_\_

Measles \_\_\_\_\_

German Measles \_\_\_\_\_

Mumps \_\_\_\_\_

Asthma \_\_\_\_\_

Food Allergies \_\_\_\_\_

Operations/Serious Injuries \_\_\_\_\_

Chronic Illness \_\_\_\_\_

Other diseases \_\_\_\_\_

Any restricted activities \_\_\_\_\_

This health history is correct so far as I know, and the person herein described has my permission to engage in all camp activities, except as noted by me above.

- I understand that part of the camping experience involves activities, group living arrangements and interactions that may be new to my child. These things come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk free and so I have instructed my child on the importance of abiding by the camp's rules. My child and I both agree that he/she is familiar with these rules and will obey them.
- In the event I can not be reached in an EMERGENCY I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named on the reverse side.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Preferred Hospital** \_\_\_\_\_

- Your signature below grants permission for your child to take the bus to and from the pool, roller rink, bowling alley, and golf center. Also, the signature gives the camp permission to use any photo taken of your child while participating in camp activities in publications, social media, and on the camp website.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

- I hereby give permission that my child may be given emergency treatment by a qualified staff member at the Spartan Day Camps LLC. I further authorize and consent to medical, surgical, hospital care, treatments, and procedures to be performed for my child by a licensed physician, hospital, or aid care attendant when deemed necessary or advisable by the physical or aid care attendant to safeguard my child's health, and I can not be contacted. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify (or declare) under penalty of perjury under the laws of the State of Delaware that the foregoing is true and correct.

**Signature of parent/guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_ **Regular Medications** \_\_\_\_\_

**Allergies/Drug reactions** \_\_\_\_\_ **Parent's phone number** \_\_\_\_\_

- The undersigned hereby releases, waives, discharges, and covenants not to sue the Spartan Sports/Day Camp LLC, its directors, officers, employees, volunteers and/or agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the Spartan Camps.

**Signature of parent/guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_