

2021 Day Camp Registration Form

Camper's Name _____ Male _____ Female _____

Grade for '21-'22 /Age at time of camp _____ Parent's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Mother's Number _____ Father's Number _____

Email _____ (if paying by credit card we need your email)

Emergency Contact Name _____ Phone Number _____

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

We accept cash and checks (payable to St. Mark's High School). If you would like to pay by credit card, please provide us your email and we will invoice you through Paypal- we accept all major credit cards.

Mail the registration form and **non-refundable \$75.00 deposit** to:

Matt Smith, Director
 Spartan Day Camp
 2501 Pike Creek Road
 Wilmington, DE 19808

Week of	✓	Before Care	After Care
June 14			
June 21			
June 28			
July 5			
July 12			
July 19			
July 26			
Aug. 2			

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 camp is needed, please mark accordingly.

Child's Name (print) _____ Completed by (print): _____

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	DISEASES	Food Allergies _____
Hay Fever _____	Chicken Pox _____	Operations/Serious Injuries _____
Poison Ivy _____	Measles _____	Chronic Illness _____
Insect Stings _____	German Measles _____	Other diseases _____
Penicillin _____	Mumps _____	Any restricted activities _____
Other drugs _____	Asthma _____	

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 . 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, 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: _____