



camp sunshine

camper application

day camp & overnight camp

You can also register online at
www.CampSunshineMemories.org

#1: Camper Information

Camper #1 Full Name: _____
 Birth Date: _____ Gender: Male Female
 Grade Entering in Fall: _____
 School: _____
 Swim Level:
 1 - No Swim 2 - Life Jacket 3 - No Life Jacket

Camper #2 Full Name: _____
 Birth Date: _____ Gender: Male Female
 Grade Entering in Fall: _____
 School: _____
 Swim Level:
 1 - No Swim 2 - Life Jacket 3 - No Life Jacket

Is there anyone who is NOT allowed to pick up your camper(s)? No Yes (If yes, explain in attached letter)

Grouping Request - You may request up to 2 friends to be placed within the same group. Friends must request each other. Campers are grouped by gender (2nd - 6th) and by similar age. **We will do our best to honor these requests but cannot make any guarantees.**

Camper #1 - Friend 1: _____ Friend 2: _____

Camper #2 - Friend 1: _____ Friend 2: _____

#3: Session & Pricing Options - Please check desired session(s) and options

What is Tiered Pricing? Realizing that families have different abilities to pay, we've instituted a tiered pricing program. This pricing structure is voluntary, requires no paper work and in no way will affect the experience each child receives. *Additional financial aid is available for those who qualify. Check the website for a camper scholarship form or for more pricing information.

Day Camp					Overnight Camp			
Sessions	K - 4th	5th - 6th	7th - 9th L.I.T.	7th - 9th T.A.	Sessions	3rd - 6th (3 nights)	5th - 9th (5 nights)	9th (LIT) (3 nights)
Session 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Session 1	<input type="checkbox"/>		<input type="checkbox"/>
Session 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Session 2		<input type="checkbox"/>	
Session 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Session 3	<input type="checkbox"/>		<input type="checkbox"/>
Session 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Session 4		<input type="checkbox"/>	
Session 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Session 5			
Session 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Session 6	<input type="checkbox"/>		<input type="checkbox"/>
Session 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Session 7		<input type="checkbox"/>	
Session 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Session 8	<input type="checkbox"/>		<input type="checkbox"/>
Session 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Session 9		<input type="checkbox"/>	
Session 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Session 10	<input type="checkbox"/>		<input type="checkbox"/>

A representative from Camp Sunshine will contact you with any questions. Please contact the office for day camp or overnight camp add-ons such as Waldo Photos, Extended Camp, Bus Stops, Late Stays/Overnighters, Camp Store Balance, etc.

#4: Medical Information & Health History

Health Insurance Provider: _____ Insurance Policy #: _____
Family Physician: _____ Physician Phone #: _____
Emergency Contact #1: _____ Emergency Contact #2: _____
Phone #: _____ Phone #: _____
Relationship to Camper: _____ Relationship to Camper: _____
Date or best estimate of last Tetanus shot: _____

List any allergies and other restrictions which may hinder camper's ability to fully participate in all camp activities. Include pertinent physical, psychiatric and behavior related information. (Please attach additional sheet if necessary.) _____

If camper needs medication or other health aid during camp, please fill out the **Drug Authorization Form**.

#5: Financial Information A \$50 non-refundable deposit per child per session is required at time of registration.
Camper Tuition, if not paid in full at time of registration is due May 1.

Scholarship Fund:

In addition to my payment, I would also like to contribute \$9 to the scholarship fund to help a child come to camp who might not otherwise get to come.

Payment Amount:

Pay in full Pay deposit only
 Pay other amount \$ _____

Payment Method:

Check
 Credit Card (Master Card or VISA)
Card # _____/_____/_____
Expiration Date ____/_____
Name on Card: _____
Signature: _____

Remaining Balance Credit Card Authorization

Yes, I give Camp Sonshine permission to debit my account for my remaining balance on Monday, May 1. I understand this is permission for a single transaction only and does not authorize any additional unrelated charges to my account.
 No, do not charge my card for the balance. I will pay the balance or set up a payment plan with the office by May 1.

#5: Parental Consent - Must be signed by Parent or Guardian

- My child has permission, without restriction, to participate in all snacks, regular and special programming, including out of camp trips, transportation, and Overnights, unless I notify the camp otherwise in writing. I understand and realize Camp Sonshine will follow safety procedures, but that all physical activities include a certain risk and that Camp Sonshine assumes no liability for injury or damage arising from or as a result of participation. I affirm that I have been advised that any and all camp activities include certain risks and dangers. These risks include, but are not limited to loss of or damage to personal property, injury, or fatality. In consideration of, and as part payment for, the right to participate in all Camp Sonshine activities and the services and food arranged (when applicable) for my child by Camp Sonshine, and its agents, servants, and employees, I have assumed all of the above risks and intending to be legally bound hereby, will hold Camp Sonshine and its agents, servants, and employees harmless from any liability which may arise out of or in connection with any trips and related participation in any other activities arranged for by Camp Sonshine, its agents, servants, and employees. The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for any minors.
- In the event that I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the camp to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child. My child's physician or his/her office should be contacted, if possible.
- I authorize the camp to administer Children's Motrin, Children's Tylenol, Antacid (Tums), Children's Benadryl, anti-diarrheal tablets (Imodium), cough drops, and eye drops for appropriate symptoms. I understand that certain topical over-the-counter medicines and products such as Cortizone, Bactine, Caladryl, Benzocaine, therapeutic grade essential oils, sunscreen, and bug spray are used for bee stings, poison ivy, bug bites, abrasions, skin irritations, upset stomachs and other preventative measures. If any medicine listed above or any topical medicine is unacceptable, I will notify Camp Sonshine in writing.
- I also understand that Camp Sonshine reserves the right to dismiss any camper when it is deemed necessary by the directors to be in the best interest of the child or the camp. There will be no refunds for campers dismissed for disciplinary reasons.
- I also give permission for Camp Sonshine to use my child's name, voice, testimonial, and/or picture in any type of promotional material, press releases, and news stories about camping or Camp Sonshine. I understand that I can notify a director in writing if this is unacceptable.
- I give Camp Sonshine my permission to give out phone numbers, electronic and/or mailing addresses for carpool lists, social purposes (i.e. birthday parties, play dates, etc.) and other camp related promotions, events or activities. I understand that I can notify the office if this is unacceptable.
- I understand that by signing this Parental Consent form I affirm that I have read and agree to the above and assume responsibility for payment of camp tuition and fees.

Parent Signature: _____ Date _____