

<u>OFFICE USE ONLY</u>	
• Member	Staff Initial _____
• Registered	Date _____

Belgrade Community Center for All Seasons



Phone: 207-495-3481
1 Center Dr.
Belgrade, ME 04917

E-mail: communitycenter@belgrademaine.com



CAMP GOLDEN POND **Registration Form** 2010

Child's Name _____ Birth date ____ / ____ / ____

Address _____ City _____ State _____ Zip _____

School Name _____ Teacher's Name _____ Grade _____

Mother's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Father's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

With whom does the child live with _____

Emergency Contact (other than parent) _____ Phone _____

Emergency Contact (other than parent) _____ Phone _____

- Please see the Emergency Procedure Form

PLEASE CIRCLE WHICH WEEK YOU ARE REGISTERING FOR:

Session	Dates	Amount paid	Check #/Cash?
Week 1	June 21 - June 25	_____	_____
Week 2	June 28 - July 2	_____	_____
Week 3	July 6 - July 9	_____	_____
Week 4	July 12 - July 16	_____	_____
Week 5	July 19 - July 23	_____	_____
Week 6	July 26 - July 30	_____	_____
Week 7	Aug 2 - Aug 6	_____	_____
Week 8	Aug 9 - Aug 13	_____	_____

Total Due: _____

(Checks payable to: Town of Belgrade)

Mission: To inspire and enable all young people and their families, especially those from disadvantaged circumstances, to realize their full potential as productive, responsible, and caring citizens.

MEDICAL INFORMATION

Has your child ever been hospitalized? _____ If yes, please describe: _____

Is your child taking medication? If yes, what medication and what dosage: _____

Allergies? (Hay fever, bee stings, asthma, etc.) _____

Is your child allergic or sensitive to any medication? _____

Date of child's last tetanus shot ____/____/____.

In case of an emergency, my child may be treated at: _____Maine General Medical Center _____Inland Hospital.

Please indicate if your child has any dietary, physical, or emotional concerns his or her counselor's should be aware of: _____

IMPORTANT!! Medications can only be administered to a child in the prescription bottle with the physicians name, exact dosage, etc. A form (provided by the Director) must be filled out before we will distribute any medication.

Emergency Procedures

In case of emergency, illness, or accident to your child while in attendance at the Golden Pond Summer Camp, please state your preference for the procedures we take.

Place number the order in which you wish us to proceed:

() Contact the mother/guardian at: _____ tel# _____

() Contact father/guardian at: _____ tel# _____

() Contact the family doctor: _____ tel# _____

() Use discretion and seek medical attention if I cannot be found. It is understood that my child will be transported to the hospital (of your choice) in an emergency situation.

() Please list any other instruction you wish: _____

Consent:

In the event that neither parent/guardian can be contacted by telephone, I hereby give my consent to the Camp Golden Pond Staff at the Belgrade Community Center for all Seasons to follow the above order of procedure. My permission continues until I revoke it by notifying the Director in writing.

Signature

Date

TRANSPORTATION RELEASE

_____ YES, I give the Belgrade Community Center for All Seasons and its staff permission to transport my child to and from all Golden Pond Summer Camp Field Trips and agree to provide a note if other transportation is to be used or if other adults will be dropping off or picking up my child.

_____ NO, I do not give the Belgrade Community Center for All Seasons and its staff permission to transport my child on field trips.

PICK - UP POLICY

The Golden Pond Summer Camp closes *promptly* at 4:00pm!! Unless you have signed up for after camp care, participants are expected to be picked up no later than 4:15pm. The after care fee will be paid at the Belgrade Community Center for All Seasons upon arrival.

Initial

CONSENT/LIABILITY WAIVER

I the undersigned do hereby give my consent and approval for my Child's participation in the summer camp program. I hereby assume all of the risks and hazards incidental to the conduct of said activity insofar as it relates to my child. I hereby release, absolve, indemnify, and hold harmless, the Alford Youth Center, Town of Belgrade and the Community Center for All Seasons, department employees, and the activity leaders, and any or all of them from any damage and/or liability arising out of or in connection with the participation in said activity. In the event of injury to my child, I assume responsibility therefore, and hereby waive any and all claims for damages or loss against the Alford Youth Center, Town of Belgrade, Community Center for All Seasons and its employees, and activity leaders.

Initial

PHOTO RELEASE

_____ YES, I give the Alford Youth Center & Belgrade Community Center for All Seasons permission to use photos or videos taken of my child for public relations purposes.

_____ NO, I would NOT like my child's picture taken or used for promotional purposes.

LOST AND FOUND

I understand the Belgrade Community Center for All Seasons is not responsible for lost or stolen items. _____
Initial

DISCIPLINE ACTION

I understand that the staff at Camp Golden Pond will take necessary discipline actions regarding all inappropriate behavior and will strictly follow the discipline policy.

Initial

WATER ACTIVITIES

My child has permission to swim, kayak or canoe in the lake, with staff supervision.

Initial

My child is allowed to swim in the public pool.

Initial

AGREEMENT TO TERMS

I, _____, hereby enroll my child _____
in Camp Golden Pond at the Belgrade Community Center for All Seasons. I have read the program agreement and understand and accept these terms.
Parent/Guardian Signature _____ Date _____ / _____ / _____

PICK-UP AUTHORIZATION

I, _____, give permission for the following people to pick up my child(ren), _____, from Camp Golden Pond at the Belgrade Community Center for All Seasons. I will notify the Summer Camp Director in person regarding any modifications to this list if situations change. The only person(s) allowed to pick up my child(ren) from Camp Golden Pond are:

1. _____ Phone #: _____
2. _____ Phone #: _____
3. _____ Phone #: _____
4. _____ Phone #: _____

Mission: To inspire and enable all young people and their families, especially those from disadvantaged circumstances, to realize their full potential as productive, responsible, and caring citizens.