



**EBACC Summer Camp 2017**  
**Camper Registration Information**

**Name of Child** \_\_\_\_\_ **Nickname** \_\_\_\_\_  
Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade Entering \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_

**Mother/Guardian Name** \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (Cell) \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Employer Name & Phone \_\_\_\_\_

**Father/Guardian Name** \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (Cell) \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Employer Name & Phone \_\_\_\_\_

**Camps run from 9am-12pm M-F. Camp Fee is \$55 per week. Camps with an \* have a \$10 supply fee.**  
**Camp ages are 5-14. Forensic Science Camp is age 10-up. Kinder Ready is 3-5.**

**Check Camp(s) Attending:**

June 5-9: \_\_\_\_\_ Soccer Camp(9yrs+) or \_\_\_\_\_ \*Cooking  
June 12-16: \_\_\_\_\_ Theatre or \_\_\_\_\_ Lego  
June 19-23: \_\_\_\_\_ Dance or \_\_\_\_\_ \*Fairy Tales (5-8) or \_\_\_\_\_ Kinder Ready (3-5)  
June 26-30: \_\_\_\_\_ Basketball Camp (9yrs+) or \_\_\_\_\_ Coding  
No Camp the week of July 4th  
July 10-14: \_\_\_\_\_ Outdoor Games or \_\_\_\_\_ \*Forensic Camp (10+) or \_\_\_\_\_ \*Princess Camp (4-6)  
July 17-21: \_\_\_\_\_ Cheerleading or \_\_\_\_\_ \*Variety or \_\_\_\_\_ Basketball (5-8)  
July 24-28: \_\_\_\_\_ Gymnastics or \_\_\_\_\_ \*Arts & Crafts  
July 31-Aug 4: \_\_\_\_\_ Soccer Camp (5-8) or \_\_\_\_\_ \*Mini Maker Camp (8-12)

**Camps run from 6pm-8pm M-Th. Camp Fee is \$35 per person. Camps with an \* have a \$10 supply fee.**  
June 26-29: \_\_\_\_\_ Sports Sampler or \_\_\_\_\_ \*Girlie Girl or \_\_\_\_\_ Dance (14-adult)

**Camp runs from 9am-12pm Saturday. Camp Fee is \$20 per person.**  
June 24: \_\_\_\_\_ Life Lessons Class

All camps run pending sufficient enrollment.

**T-Shirt Size** (please circle): S (6-8) M (10-12) L (14-16) S(adult) M (adult) L (adult) XL (adult) **(TURN OVER)**

**CAMPER INFORMATION NEEDED**

**Please check all of the following that apply.** Use back form if necessary.

Has medical condition(s) or allergies? \_\_\_\_yes or \_\_\_\_no – If yes, please describe and also advise what special care is required. If needed, attach additional information on a separate paper.

Takes medication? \_\_\_\_yes or \_\_\_\_no If yes, please name the medication and reason\_\_\_\_\_

Has any special need we should be aware of? \_\_\_\_yes or \_\_\_\_no If yes, please describe: \_\_\_\_\_

---

**EBACC Summer Day Camp 2017**

**Pick-up information**

***Please list all adults permitted to pick up your child, including parents or primary caregivers.***

Name\_\_\_\_\_Relationship to Child\_\_\_\_\_

Phone: Home\_\_\_\_\_Cell\_\_\_\_\_Work\_\_\_\_\_

Address\_\_\_\_\_

Name\_\_\_\_\_Relationship to Child\_\_\_\_\_

Phone: Home\_\_\_\_\_Cell\_\_\_\_\_Work\_\_\_\_\_

Address\_\_\_\_\_

Name\_\_\_\_\_Relationship to Child\_\_\_\_\_

Phone: Home\_\_\_\_\_Cell\_\_\_\_\_Work\_\_\_\_\_

Address\_\_\_\_\_

**Emergency Contacts**

Name\_\_\_\_\_Relationship to Child\_\_\_\_\_

Phone: Home\_\_\_\_\_Cell\_\_\_\_\_Work\_\_\_\_\_

Address\_\_\_\_\_

Name\_\_\_\_\_Relationship to Child\_\_\_\_\_

Phone: Home\_\_\_\_\_Cell\_\_\_\_\_Work\_\_\_\_\_

Address\_\_\_\_\_

**EBACC Summer Camp Disciplinary Policy**

If a child speaks and/or acts inappropriately toward instructors and/or fellow campers, the following steps will be followed:

First occurrence: Child will be spoken to privately and reminded of the consequences of further inappropriate behavior.

Second occurrence: Child will be spoken to privately. The adult picking up the child at the end of the camp day will be informed about the child's inappropriate actions and be told that on the next occurrence he/she will not be allowed to stay in camp the rest of the week. This second occurrence might even be in the same day.

Third occurrence: Child may not return to camp. There will be no refund of the camp fees.

**(TURN OVER)**

### Agreement Statement

1. I agree to inform EBACC staff in writing of any custody limitations regarding my child.
2. I agree to provide written permission to EBACC if I choose to allow my child to be released to any person other those listed as approved for pick up and said individuals will agree to provide ID to verify validity.
3. I authorize representatives of EBACC to give consent for emergency medical care of my child while attending summer camp programs. I also agree to allow camp staff to administer minor first aid treatment. I understand EBACC will not provide or dispense any type of medication including sun lotion; I must provide all medications.
4. I give permission for my child to participate in any walking trips with EBACC staff and group.
5. I give permission for my child to be photographed and/or filmed for use in future EBACC advertising and social media. (A right of refusal waiver for photos/videos is available. Please ask for one.)
6. I understand and agree to allow my child to participate in all activities and hold harmless EBACC staff, volunteers, and EBACC for any injuries sustained by my child during participation in programs. I waive all rights to claim damages against EBACC and understand all programs are use at your own risk.

I have read and fully understand the above statements and hereby agree to it by signing my name and dating this document.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail or drop off all signed pages of this summer camp registration to EBACC Office:  
405 North Avenue, East Berlin PA 17316.  
Hours are Monday Tuesday Thursday from 8 a.m. to 8 p.m. Wednesday from 8 a.m. to 7 p.m.  
Friday from 8 a.m. to 4 p.m. and Saturdays 9 a.m. to Noon.  
Questions? Call 259-8848  
[www.ebacc.org](http://www.ebacc.org)  
Like us on Facebook by searching East Berlin Area Community Center!**