



Summer Camp Registration Form

Camper Name _____ Nickname _____

Birthdate _____ Age _____ Grade Entering Fall 2018 _____ Gender _____

Address _____

City _____ State _____ Zip _____ Municipality _____

Mother/Guardian Name _____

Home Phone _____ Cell Phone _____ Email _____

Employer Name & Phone _____

Father/Guardian Name _____

Home Phone _____ Cell Phone _____ Email _____

Employer Name & Phone _____

T-Shirt Size: Youth Small Medium Large XLarge

Adult Small Medium Large XLarge

Camps run from 9:00am-12:00pm Monday-Friday * No camp week of July 4th * Camp ages are 5-14
Camp Fee is \$55 per week plus \$10 supply fee for some camps (noted below)
Full payment due 3 weeks prior to start of camp * NO REFUNDS after 2 weeks prior to start of camp
Camps may be cancelled due to low registration or lack of instructor * Some camps have limited spaces

Indicate camps your child will be attending (choose only one per week):

June 11-15	<input type="radio"/> Soccer 9+	\$55	<input type="radio"/> Coding & Maker	\$65	<input type="radio"/> Candy Making	\$65
June 18-22	<input type="radio"/> Lego	\$55	<input type="radio"/> Dance	\$55	<input type="radio"/> Kinder Ready 3-5	\$55
June 25-29	<input type="radio"/> Basketball 9+	\$55	<input type="radio"/> Cooking 5-8	\$65	<input type="radio"/> Theatre	\$55
July 9-13	<input type="radio"/> Gymnastics	\$55	<input type="radio"/> Arts & Crafts	\$65		
July 16-20	<input type="radio"/> Basketball 5-8	\$55	<input type="radio"/> Variety	\$65	<input type="radio"/> Cheerleading	\$55
July 23-27	<input type="radio"/> Soccer 5-8	\$55	<input type="radio"/> Cooking 9+	\$65	<input type="radio"/> Variety 3-5	\$65
July 30- Aug 3	<input type="radio"/> Outdoor Games	\$55	<input type="radio"/> Princess Camp 4-6	\$65		

Agreement Statement

- I agree to inform EBACC staff in writing of any custody limitations regarding my child.
- 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.
- I authorize representatives of EBACC to give consent for emergency medical care of my child while attending summer camp. 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 or bug repellent; I must provide all medications.
- I give permission for my child to participate in any walking trips with EBACC staff and group.
- I give permission for my child to be photographed and/or filmed for use in future EBACC advertising and social media unless a Right of Refusal Waiver is completed. Please request one from the Camp Director.
- 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 agree with the Disciplinary Policy as stated on the back of this form.

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

Signature of Parent

Date

Mail or drop off completed form to the EBACC Office, 405 North Avenue, PO Box 530, East Berlin PA 17316
Office Hours Monday-Thursday 8am-8pm, Friday 8am-6pm, Saturday 9am-1pm
Phone 717-259-8848 website www.ebacc.org email info@ebacc.org

Effective 3/1/2018

ADDITIONAL CAMPER INFORMATION NEEDED

Please check all of the following that apply. Use a separate paper if necessary.

Has medical condition(s) or allergies? Yes No If yes, please describe and advise what special care is required.

Takes medication? Yes No If yes, please list medication and reason for taking.

Are there any additional special needs we should be aware of? Yes No If yes, please describe.

Pick-up information

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

Name _____ Relationship to Child _____
Home Phone _____ Cell _____ Work _____
Address _____

Name _____ Relationship to Child _____
Home Phone _____ Cell _____ Work _____
Address _____

Name _____ Relationship to Child _____
Home Phone _____ Cell _____ Work _____
Address _____

Emergency Contacts

Name _____ Relationship to Child _____
Home Phone _____ Cell _____ Work _____
Address _____

Name _____ Relationship to Child _____
Home Phone _____ 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.

OFFICE USE ONLY

Date	Amount Paid	Cash/Check/Credit Card	Initials