

Summer Camp Registration

Separate form must be completed for each camper.

CAMPER NAME _____ DATE OF BIRTH _____ AGE _____ M/F _____ GRADE* _____ T-SHIRT SIZE _____

*Grade camper is entering in the upcoming school year for summer camp.

Address: _____

City _____ Zip Code: _____

Home Phone: _____

Is the camper being registered a: CAC MEMBER CAC NON-MEMBER

CAMP (PLEASE CHECK ALL THAT APPLY)

EXPLORER CAMP OR ADVENTURE CAMP

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> WEEK 1 (MAY 28-MAY 31)* | <input type="checkbox"/> WEEK 2 (JUN 3-JUN 7) | <input type="checkbox"/> WEEK 3 (JUN 10-JUN 14) | <input type="checkbox"/> WEEK 4 (JUN 17-JUN 21) |
| <input type="checkbox"/> WEEK 5 (JUN 24-JUN 28) | <input type="checkbox"/> WEEK 6 (JUL 1-JUL 5)* | <input type="checkbox"/> WEEK 7 (JUL 8-JUL 12) | <input type="checkbox"/> WEEK 8 (JUL 15-JUL 19) |
| <input type="checkbox"/> WEEK 9 (JUL 22-JUL 26) | <input type="checkbox"/> WEEK 10 (JUL 29-AUG 2) | <input type="checkbox"/> WEEK 11 (AUG 5- AUG 9) | |

*Camps will not meet Monday, May 27 nor Thursday, July 4

CAMP REFUND POLICY

Initial DOWN PAYMENT

Parents/guardians may reserve a spot in Explorer or Adventure Camp with a \$30 non-refundable, non-transferable down payment for each week of camp (per camper). The balance is due no later than the Monday prior to the week registered **or a \$20 late fee will be assessed on the account**. Failure to make payment in full may result in reservation(s) being cancelled or camper(s) being withdrawn from camp. A new reservation may be obtained on a space available basis. The \$30 down payment is non-refundable, non-transferable, regardless of when refund is requested and regardless if camper(s) spot is filled with waitlist participant.

CAMP REFUND

Refunds, credits, or transfers to another class or camp will be granted, when requested at least five (5) business days prior to the start date of camp, less the \$30 down payment. Refunds requested less than five (5) business days prior to the start of camp, or after the camp has started will not be granted. Failure to attend a registered camp will be considered a forfeiture of materials supplied and all fees paid. The Parks and Recreation Division reserves the right to cancel, combine or divide classes, to change times, dates or class locations, to change the instructor assignments, and to make other revisions in these offerings. In the event the Parks and Recreation Division cancels a camp, a full refund or credit will be issued, including the down payment.

CAC MEMBER/CAC NON-MEMBER FEES

Pricing is listed as CAC Member/CAC Non-Member. To receive CAC Member rate, camper(s) must be a current member at the time of registration. Refunds will not be granted if camper(s) become a member after time of registration.

WAITLIST

There is no fee to be placed on the waitlist. If a spot becomes available in the desired week(s) of camp, the camper(s) parent/guardian will be contacted via telephone and e-mail. The parent/guardian will then have 24 hours from the time of being contacted to complete all necessary forms and make payment in full for the desired week(s) of camp. If payment is not received within 24 hours, the camper(s) parent/guardian next on the waitlist will be contacted via telephone and e-mail.

TRANSFERS

A transfer from one session to another session is contingent upon the availability of spots within the desired camp. If the camp is at maximum capacity, the camper(s) will be placed on the waitlist for the desired session. Individuals on the waitlist will be prioritized based upon the notification date of the transfer. Down payments do not transfer.

Emergency Information & Pick Up Authorization

Separate form must be completed for each camper.

MOTHER'S INFORMATION

Name: _____

Address (if different than camper): _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Yes, please sign me up for CAC email No, I would not like to receive CAC email at this time

Email will be used for CAC promotions and contacts only. Some promotions will be through email only.

FATHER'S INFORMATION

Name: _____

Address (if different than camper): _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Yes, please sign me up for CAC email No, I would not like to receive CAC email at this time

Email will be used for CAC promotions and contacts only. Some promotions will be through email only.

PICK UP AND EMERGENCY CONTACT INFORMATION (Emergency contact must be someone other than parent)

<u>NAME</u>	<u>PHONE</u>	<u>ALTERNATIVE PHONE</u>	<u>RELATIONSHIP TO CHILD</u>	CHECK IF EMERGENCY CONTACT	CHECK IF AUTHORIZED TO PICK UP
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Individuals must enter the facility and present photo ID in order to pick up camper from camp. I hereby give permission to the Town of Flower Mound Staff to release my child to the individuals listed above.

Signature: _____ Print Name: _____ Date: _____



Camp Medical Information

Separate form must be completed for each camper.

CAMPER NAME: _____

CHECKLIST

- Copy of Current Shot Records
- Copy of Current Insurance Card
- Physician's Statement for any special needs listed below

PRIMARY CARE PHYSICIAN

Doctor's Name: _____ Practice Name: _____

Phone: _____

MEDICAL CONDITIONS

Please list any known allergies: _____

Please list any special needs or medical conditions. *Special needs may require a physician's statement.

MEDICATION

Medications dispensed will be limited to routine oral ingestion not requiring special knowledge or skills on the part of Program Employees.

PRESCRIPTION MEDICATION

Prescription medications must be in the original containers labeled with the camper's name, date, directions, and the prescribing physician's name. Employees will administer the medication only as stated on the label. Employees will not administer medication after the expiration date.

<u>MEDICATION</u>	<u>DOSAGE</u>	<u>SPECIFIC TIMES TAKEN EACH DAY</u>	<u>REASON FOR TAKING</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NON-PRESCRIPTION MEDICATION

Non-prescription medications must be labeled with the camper's name and the date the medication was brought to the Camp. Non-prescription medication must be in the original container. Employees will administer non-prescription medications only according to label directions. Employees will not administer medication after the expiration date.

<u>MEDICATION</u>	<u>DOSAGE</u>	<u>SPECIFIC TIMES TAKEN EACH DAY</u>	<u>REASON FOR TAKING</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby give permission to the Town of Flower Mound Staff to administer above medications to my child.

Signature: _____ Print Name: _____ Date: _____

OFFICE USE ONLY

Insurance Name: _____ Policy Holder: _____

Group #: _____ Policy #: _____

- Shot Record
- Copy of Insurance Card
- Physician's Statement (if necessary)

www.flower-mound.com/cac • cac@flower-mound.com • 972.874.PARK(7275)

