

SUMMERAMA 2017 REGISTRATION FORM

(Return one form per child.)

Full payment and completed medical release form are required with this form before child is officially registered.

Child's Name _____ Birth Date _____/_____/_____

Address _____ Grade Entering _____ Age _____

City/State/Zip _____/_____/_____

Church Affiliation _____

Parent/Guardian _____

Parent/Guardian Email _____

Home Phone _____ Cell Phone _____

How Did You Hear About Summerama? _____

- I am interested in Extended Adventure (Before and Aftercare)

Please note that we now have a \$10 per camper registration fee to cover rising administrative costs.

SUMMERAMA CAMPS for children entering 1st-6th grades

\$80/Week (10:00am-3:30pm) Select one activity per week. \$ = Extra fee of \$5

A \$20.00 per week fee will be charged for any cancellation. Camps vary in capacity, check our website for current availability/waiting list status.

No refunds will be given for cancellations less than 5 business days prior to the Monday for the week your child is registered for camp.

WEEK 1: JUNE 12-16

- Backyard Bash (Gr. 2-6)
- Face Off (Gr. 3-6)
- Lego (Gr. 2-6)
- Pinterest \$ (Gr. 2-4)
- Outdoor Adventure (Gr. 3-6)

WEEK 2: JUNE 19-23

- Backyard Bash (Gr. 2-6)
- High Power Soccer (Gr. 2-6)
- Space Cadets \$ (Gr. 2-4)
- Man Camp \$ (Gr. 4-6)
- Spirit Squad \$ (Gr. 2-6)

WEEK 3: JUNE 26-30

- 3 on 3 Basketball (Gr. 2-6)
- Backyard Bash (Gr. 2-6)
- Time Warp (Gr. 4-6)
- Le Café \$ (Gr. 3-6)
- Front Yard Bash *(Gr. 1-2)

WEEK 4: JULY 10-14

- Backyard Bash (Gr. 2-6)
- Boys All Ball (Gr. 2-6)
- Great Indoors (Gr. 3-6)
- Lights, Camera, Action (Gr 4-6)
- Spirit Squad \$ (Gr. 2-6)

WEEK 5: JULY 17-21

- Backyard Bash (Gr. 2-6)
- Face-off (Gr. 3-6)
- Lego (Gr. 2-6)
- Girl Power \$ (Gr. 2-6)
- Man Camp \$ (Gr. 4-6)

WEEK 6: JULY 24-28

- Backyard Bash (Gr. 2-6)
- Girl's All Ball (Gr. 2-6)
- Puppetpalooza (Gr. 3-6)
- Space Cadets \$ (Gr. 4-6)
- Dr. Seuss (Gr. 1-2)

WEEK 7: JULY 31-AUG 4

- Last Blast (Gr. 2-6)
- 3 on 3 Basketball (Gr. 2-6)
- Le Cafe \$ (Gr. 3-6)
- Pinterest \$ (4-6)
- Time Warp (Gr 2-4)

TOT-A-RAMA

3-5 year olds / Mon.-Friday 9:00-11:30am / \$35 per week
Children must be toilet trained and have turned 3 by December of 2016

Week 1

- June 12-16

Week 2

- June 19-23

Week 3

- July 17-21

Summerama t-shirt order:

Youth: ___ X Small ___ Small ___ Medium ___ Large

Cost \$10 each

Adult: ___ Small ___ Medium ___ Large ___ X Large

Summerama Health, Consent, and Release Form

Child's Name _____ Birthdate _____

Male Female

Grade (fall 2017) _____ Age _____

Parent or Guardian _____

Phone _____

Address _____

Alt. Phone _____

City/State/Zip _____

2nd Parent/Guardian _____

Phone _____

Address _____

Alt. Phone _____

City/State/Zip _____

Emergency Contact _____

Phone _____

Address _____

Alt. Phone _____

City/State/Zip _____

* My child may be released to the people listed above. * Anyone picking up child will be required to show a photo ID.

* Should a parent NOT BE ALLOWED to pick up my child, court documentation will need to be submitted.

Please check the following areas of concern/allergies:

___ Hay Fever _____ Insect Stings

___ Food (please list) _____

___ Drugs (please list) _____

Has child suffered from, experienced, or tested positive for:

___ Heart Defect/Disease _____ Diabetes

___ Epilepsy/Seizure Disorders _____ Asthma

Chronic or recurring illness or medical condition _____

Current medications (send with instructions in original container) _____

Other medical concerns or instructions _____

Any medication brought to camp must be in original containers. Please notify our registration team upon check-in of any medications your child is bringing to camp. This includes (but not limited to): bee sting medication, inhalers, insulin syringe, or other medication or device used in the event of life-threatening situations.

Primary Doctor _____ Doctor Phone _____

Insurance Company _____ Policy Number _____

Policy Holders Name _____ Relationship to Student _____

<<< Please sign reverse side of this form >>>

Consent and Release Information

This health information is correct as far as I know and the person herein described has permission to engage in all camp activities except as noted.

Authorization for Treatment: I hereby give permission to the staff personnel selected by the camp director to order x-ray, routine tests, treatment: to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization , for the person named above. I hereby give permission to transport the camper in camp-designated vehicles for offsite trips. The completed form may be photocopied for trips out of camp.

I release First Evangelical Free Church including its trustees, employees, and agents from my physical injury, including death, or illness while at camp. I will assume risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives, or assigns.

If I am under age 18, my parent or guardian, by signing below, also consents to my release and he or she agrees that this release shall be binding upon him or her as my parent or guardian as to me and my estate, heirs, personal representatives, and assigns. My parent or guardians also promises, by signing below to defend, indemnify, and hold First Evangelical Free Church harmless from any claim asserted by me against First Evangelical Free Church, including its trustees, employees, and agents, if I should repudiate this release after obtaining adulthood.

I hereby grant permission to First Evangelical Free Church to photograph the camper during camp activities and to use the photographs in First Evangelical Free Church audio-visual and printed materials without compensation or approval rights.

Signature of parent or guardian _____ Date _____

Please return this form to First Free Rockford/Summerama ~ 2223 N Mulford Road ~ Rockford, IL 61107

Office Use Only: Book _____ Arena _____ Conf. _____ Extended _____ Misc. _____