

**City of Green River
Parks & Recreation
2021 Summer Day Camp Program**

**Registration Form
ADDITIONAL CHILDREN 25% OFF
TIME: 7:30 AM TO 5:30 PM**

Child #1 First Name _____ Last Name _____

Birth Date: _____ Age: _____ Sex: M / F Grade (21/22 school year) _____

Please list any medical conditions and/or medications: _____

Child #2 First Name _____ Last Name _____

Birth Date: _____ Age: _____ Sex: M / F Grade (21/22 school year) _____

Please list any medical conditions and/or medications: _____

Child #3 First Name _____ Last Name _____

Birth Date: _____ Age: _____ Sex: M / F Grade (21/22 school year) _____

Please list any medical conditions and/or medications: _____

Child #4 First Name _____ Last Name _____

Birth Date: _____ Age: _____ Sex: M / F Grade (21/22 school year) _____

Please list any medical conditions and/or medications: _____

Parent #1 First Name _____ Last Name _____

Address: _____ City: _____ State: _____ Zip: _____

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

Email: (Required) _____

Parent #2 First Name _____ Last Name _____

Address: _____ City: _____ State: _____ Zip: _____

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

If Parents/Guardians (above) are not available in the event of an emergency, notify:

Name _____ Phone # _____ Alternate # _____

Name _____ Phone # _____ Alternate # _____

AUTHORIZATION TO RELEASE: The following are the **only individuals, other than the parent/guardians, authorized to pick up my child** should I not be able to do so. **Your child will not be released to anyone not on this list!!!** These individuals will be required to show identification if they are not known or recognized by the camp staff. Name(s) can be added to, or taken off of this list with your authorization only.

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

Medical Information

Does your child have any medical or physical conditions that parks and recreation staff should be aware of?

YES / NO **If yes, please explain:** _____

I hereby give my consent and certify that _____ is in normal health and capable of participating in Summer Day Camp. I understand that participation in Summer Day Camp involves certain risks and that regardless of the precautions taken by the Green River Parks and Recreation Department, or the participants, some injury may occur. *I agree that pictures taken during the program hours may be used for current and future promotional purposes.*

Parent/Guardian: _____ **Date:** _____
(Signature)

(Please complete form and return to the Green River Recreation Center with payment)

All forms must be signed and returned to be registered for camp.

____ Summer Day Camp Registration Form

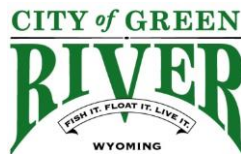
____ Swimming Permission Slip

____ Behavior Policy (signature sheet only)

____ Registration calendar (daily, weekly, full summer)

Staff Use Only: _____ **Staff Initials** _____ **Date Received** _____

____ Field Trip Permission Slip (will be email out in May)



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(ADDITIONAL CHILDREN 25% OFF)

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Phone: _____

Please check the box(s) that apply:

Summer Day Camp Entire Summer \$700

Weekly Registration \$85 per week

(Start Date is June 1)

June 1-4 (Week 1)

June 7-11 (Week 2)

June 14-18 (Week 3)

June 21-25 (Week 4)

June 28-July 2 (Week 5)

July 6-9 (Week 6)

Closed July 5th

July 12-16 (Week 7)

July 19-23 (Week 8)

July 26-30 (Week 9)

Daily Registration \$25 per day

Please cross out the days your child **will be** attending the program.

We are closed on all weekends and **July 5, 2020**.

***No refunds for missed days.**

June						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

July						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

For office Use Only:

Total days registered for the summer: _____ **Total fee due: \$** _____