

BRD FULL-TIME SUMMER CAMP

CHILDS NAME: _____

AGE AS FIRST DAY OF CAMP _____

DOB: ____ / ____ / ____ GRADE: _____

ADDRESS: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

NUMBER OF PARENTS IN THE HOUSEHOLD: ONE TWO

PARENT NAME: _____ WK: _____

PARENT NAME: _____ WK: _____

List email address for communication purposes: _____

PARENT CELL: _____ PARENT CELL: _____

INFORMATION MUST BE COMPLETED ABOVE

EMERGENCY # AND CONTACT NAME: _____

SHIRT SIZE: YS YM YL AS AM AL AXL A2XL

CITY OF BERWYN RECREATION DEPARTMENT POLICY

As a participant or guardian of a participant in a program sponsored by the City of Berwyn Recreation Department. "I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages, or loss which the stated participant may sustain as result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims against the City of Berwyn Recreation Department and any cooperating agency, its officers, agents, servants, & employees. I further agree to indemnify and hold harmless the Berwyn Recreation Department, any cooperating agency, its officers, agent, servants & employees from any and all claims resulting from injuries, damages, and losses sustained to me or the stated participant and arising out of or connected with the activities of the program. **"I have read and fully understand the "Release/Hold Harmless" agreement.**

Parent/Legal Guardian Signature

Date

I fully understand the **"No Refund Policy"** and understand all deposits for day camp for weeks reserved are non-refundable and non-transferable (**Non-transferable means** ~ The 3 or 4 days that you are reserving for your child to attend camp are the days that your child must attend as we hire our staff according to your child's schedule).

Parent/Legal Guardian Signature

Date

I understand field trip fees are not included in the weekly fee and are my responsibility. I also understand if my child does not attend the trip, I am responsible to find care for my child. Field trips must be paid in cash and one week prior to the trip.

Parent/Legal Guardian Signature

Date