

# BRD SUMMER CAMP

CHILDS NAME: \_\_\_\_\_

AGE AS FIRST DAY OF CAMP \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

NUMBER OF PARENTS IN THE HOUSEHOLD:      ONE      TWO

PARENT NAME: \_\_\_\_\_ CELL: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ CELL: \_\_\_\_\_

List email address for communication purposes:

WORK NUMBER: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

**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