



2024 Summer Camp Registration Form

Member Name: _____ Account Number: _____

Camper Name: _____ Nickname (if any) _____ Gender: _____

DOB: ___/___/___ Current School: _____ Grade Level (2024-25) _____

- Yes, I give permission for photographs or video of my child to be used.
- No, I do not give permission for photography or video of my child to be used.
- I only consent to photographs or video of my child to be used in-house by the camp and these may not be published in print or digital form.

EMERGENCY CONTACT INFORMATION

Emergency Contact #1: _____ Relationship to Camper _____

Emergency Phone _____ Alternative Number: _____

Emergency Contact #2: _____ Relationship to Camper _____

Emergency Phone _____ Alternative Number: _____

MEDICAL INFORMATION

Does your child have a life-threatening health condition? (See Note below). YES NO

If yes, please Explain:

____ Does your child need medication at school? YES NO

If yes, please explain:

____ Does your child have any other medical issues of which we need to be aware? YES NO

If yes, please explain:

NOTE: Parent/Guardian are responsible for providing the required medication to designated program staff on the first day of the program. Medication currently held at camp must be picked up prior to the end of the final day of camp.



2024 Summer Camp Pick Up Authorization

Campers will only be released to the Parent/Guardian(s) listed on their member account. Any Additional party that attempts to pick up your camper(s) must be on that camper's authorized pick up list and present I.D. upon pick up. Failure to meet either of these conditions will result in the refusal to release your camper(s) to that individual.

CONTACT INFORMATION

Parent/ Guardian Name: _____ Member ID: _____

Phone: _____ Email: _____

Camper Name(s): _____ DOB: _____
First Middle Last

Camper Name(s): _____ DOB: _____
First Middle Last

Camper Name(s): _____ DOB: _____
First Middle Last

I give permission for the following individuals to pick up my camper(s).

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

The Following Individuals may **NOT** pick up my camper(s)

Name: _____ Relation: _____

Name: _____ Relation: _____

Parent/ Guardian Signature: _____ Date: _____



AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the above district to participate in camp activities and swimming, I hereby waiver, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above district (its independent contractors, employees, etc.) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

By signing this consent, I hereby absolve the Hunting Hills Country Club, their employees, independent contractors, from all liability that may arise as a result of my minor child/children participation in camp activities and swim time to be conducted at Hunting Hills Country Club. I hereby give my permission for his/her participation as indicated and in so doing, absolve the Hunting Hills Country Club, their employees, independent contractors from any and all liability.

PARENTAL CONSENT: (to be completed and signed by parent/guardian for applicant is under 18 years of age. I hereby consent that my son/daughter, participate in the registered activity, and I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity. I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.

Child's Name: : _____

Parent/ Guardian Signature Date : _____ Print Name : _____



Summer Camp 2024 Dates and Rates

Please select each session you would like to enroll for. Each session operates Monday - Friday from 7:30am-5:00pm at a price of \$240 per camper (\$225 Early Bird Special). A 50% deposit is required to reserve a spot in each week registered.

- Session 1 **(Animal Kingdom)**: June 3-7
- Session 2 **(Junior Sports Camp)**: June 10-14
- Session 3 **(Cooking)**: June 17-20* *Closed June 21*
- Session 4 **(Junior Sports Camp)**: June 24-28
- Session 5 **(Holidays)**: July 1-5* *Closed July 4*
- Session 6 **(Junior Sports Camp)**: July 8-12
- Session 7 **(Cooking)**: July 15- 19
- Session 8 **(Junior Sports Camp)**: July 22-26
- Session 9 **(Greek Mythology)**: July 29-August 2
- Session 10 **(Cooking)**: August 5-9

Child's Name: : _____

Parent/ Guardian Signature Date : _____ Print Name : _____