

Fun Day Summer Camp
BTS Youth Camp 2019

Camper Name _____

Birth Date _____ Age _____ Grade _____ School _____

Street Address _____ Phone _____

City _____ Zip Code _____

Known Medical Problems _____

Allergies: _____

Vaccinations Up To Date: Yes _____ No _____

Name of Parents or Guardians _____

Street Address _____ E-mail _____

City _____ State _____ Zip Code _____

Parent Work Phone _____ Parent Cell Phone _____

In case of emergency and parent/guardian cannot be contacted, please contact the following:

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

Authorized Pick Up List:

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

3. Name _____ Relationship _____ Phone _____

ALL COSTS AND FEES ARE NON-REFUNDABLE

Print Name of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

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**Liability Release Form/Waiver of Right to Sue
Legal Guardian or Parent Only**

Release Agreement for Minor

I, the undersigned, being the parent and/or legal guardian of _____,
a Camper in the Fun Day Camp 2019 who is a minor, do hereby understand fully the risks associated
with participating in this camp and in consideration of accepting my child for the Fun Day Camp 2019,
do hereby release, discharge and/or otherwise indemnify, Beat The Streets(BTS) all it's administrators,
staff, volunteers and associated personnel, against any claim by or on behalf of my child as a result of
his/her participation in the Fun Day Camp 2019, including being transported to or from activities,
games, field trips for which I gave authorization.

Name of Parent or Guardian _____ (print)

Signature _____ Date _____

Street Address _____

City _____ State _____ Zip Code _____ E-mail _____

Home Phone _____ Work Phone _____ Cell Phone _____

Consent for Medical Treatment – Minor

I, the undersigned, being the parent and/or legal guardian of _____,
Do hereby give my consent for emergency Medical Care prescribed by a duly licensed Doctor of
Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to
preserve the life, limb or well being of my dependent named above. You are acknowledging that you
understand you are assuming any and all medical responsibility and liability for the child listed above
in any and all activities related to Fun Day Camp 2019 participation. You are further stating and or
agreeing that you are authorized assumes the afore-mentioned liability.

Name of Parent or Guardian _____ (print)

Signature _____ Date _____

Consent for Transportation - Minor

In my absence I, the undersigned, as the parent and / or legal guardian of my child,
_____, do hereby give my consent for the transport of, the above
named minor, for the purposes of Medical Treatment, program activities or field trips.

Name of Parent or Guardian _____ (print)

Signature _____ Date _____

Consent for Photography and Video- Minor

By my child Participating in the Fun Day Camp 2019 I, the undersigned, as the parent and / or legal guardian
of my child, _____, do hereby give my consent for my child to be
photographed or videotaped for the purpose of our website, program flyers or picture displays.

Name of Parent or Guardian _____ (print)

Signature _____ Date _____

Fun Day Summer Camp **BTS Youth Camp**

No Refunds Once the Participate Has Registered!

Weekly camp rate must be paid on each Friday prior to the beginning of each new camp week. In addition, if the child is in the Fun Day Camp for one day or all five days in a week, the weekly rate must be paid in full. Fun Day Camp is closed on weekends and all holidays. Camp will open at 7:00am for early drop off, Camp hours are 8:00am-4:00pm, Campers must be picked up by 4:30pm. Late pickup is offered until 5:30pm for an additional weekly fee.

There or no refunds of credits issued if your child does not attend camp whether is be for the week or a day that was already paid for. There are no refunds if your child is asked to leave camp do to disciplinary or behavioral reasons.

2019 Camp Fees

\$25.00 Camper Registration Fee (paid at time of registration)

\$25.00 Daily Fee

\$75.00 Camper Weekly Fee

Late Pick up Fees

\$10.00 Additional Weekly Fee if Camper is picked up btwn 4:30-5:00 (if paid with weekly fee)

\$5.00 Additional Daily Fee if Camper is picked up btwn 4:30-5:00 (daily fee paid at pickup no exceptions)

\$20.00 Additional Weekly Fee if Camper is picked up btwn 5:00-5:30 (if paid with weekly fee)

\$10.00 Additional Daily Fee if Camper is picked up btwn 5:00-5:30 (daily fee paid at pickup no exceptions)

Camper Name _____

(Please choose weeks camper will attend, and if camper will need late pickup)

Week #1 _____	Camp Date: June 3 - June 7	Late Pickup: 5:00_____ or 5:30_____
Week #2 _____	Camp Date: June 10 - June 14	Late Pickup: 5:00_____ or 5:30_____
Week #3 _____	Camp Date: June 17 - June 21	Late Pickup: 5:00_____ or 5:30_____
Week #4 _____	Camp Date: June 24 - June 28	Late Pickup: 5:00_____ or 5:30_____
Week #5 _____	Camp Date: July 1 - July 3 No camp July 4 or 5	Late Pickup: 5:00_____ or 5:30_____
Week #6 _____	Camp Date: July 8 - July 12	Late Pickup: 5:00_____ or 5:30_____
Week #7 _____	Camp Date: July 15 - July 19	Late Pickup: 5:00_____ or 5:30_____
Week #8 _____	Camp Date: July 22 - July 26	Late Pickup: 5:00_____ or 5:30_____
Week #9 _____	Camp Date: July 29 - August 2	Late Pickup: 5:00_____ or 5:30_____
Week #10 _____	Camp Date: August 5-August 9	Late Pickup: 5:00_____ or 5:30_____

Registration Amount Pd. _____ **Date** _____

Tee shirts must be worn every day during the camp. Two shirts are included for each camper in the registration fee. If shirts or lost or stolen or parents want to purchase additional shirts there will be an additional cost of \$9.00 per shirt.

T-shirt Size **Youth** **S** **M** **L** **Adult** **S** **M** **L** **Additional T-shirt Fee** _____

Name of Parent or Guardian _____ **(print)**

Signature _____ **Date** _____

