



RecPlex Summer Camp

Tykes- K-2nd / Juniors- 3rd-4th / Seniors- 5th-9th

RecPlex- 9900 Terwall Terrace-Pleasant Prairie, WI 53158-262-947-0437-www.recplexonline.com

Please print

Child's Full Name _____ Birth date: _____ Fall '12 Grade: ____ Boy Girl

T-Shirt Size: __ Youth Small __ Youth Medium __ Youth Large __ Adult Small __ Adult Medium __ Adult Large

Child's Program Start Date __/__/__

Tykes I (Kindergarten) Tykes II (1st) Tykes III (2nd) Juniors (3rd-4th) Seniors I (5th-6th) Seniors II (7th-9th)

Family Information

Legal Guardian #1 First and Last Name: _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email (s) _____

Employer: _____ Address: _____

Legal Guardian #2 First and Last Name: _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email (s) _____

Employer: _____ Address _____

Child #1 Lives With: Both Parents Mother Father Guardian

Special Custody Information: _____

Physician: _____ Address: _____ Phone: _____

Any Allergies, special conditions or physical limitations that we need to be aware of? _____

NOTE: If child(ren) require medication you must fill out the **MEDICATION AUTHORIZATION FORM**. Request from youth leader or at RecPlex Guest Services.

Emergency Information (other than legal guardian(s) listed above)

Contact #1 Name: _____ Address _____

Relationship to Child: _____ Home Phone: _____ Cell Phone: _____

Contact #2 Name: _____ Address _____

Relationship to Child: _____ Home Phone: _____ Cell Phone: _____

Guardian(s) and Emergency contacts are considered authorized to pick up. Please list any additional authorized to pick up below

Authorized Pick Up Name _____

Authorized Pick Up Name _____

Authorized Pick Up Name _____

Authorized Pick Up Name _____



MOVIE VIEWING CONSENT ACKNOWLEDGEMENT

In the event of threatening weather that prevents the children from going outside, we may have them watch a movie. The possible movie choices are rated G and PG. We are required to get permission from the parents/guardian to watch PG movies. By signing this permission slip, you are allowing your child to watch PG rated movies.

Please check one:

___ I give my child, _____, permission to watch PG rated movies at summer camp.

___ I do **NOT** give my child, _____, permission to watch PG rated movies at summer camp.



SUNSCREEN APPLICATION ACKNOWLEDGEMENT

As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the staff at the **RecPlex** to apply a sunscreen product that is broad spectrum with SPF 30 or higher to my child that has been provided by you. I understand that sunscreens will be applied to exposed skin before going outside, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs. Sunscreen will be applied every hour or as needed. We ask that every family bring **one** bottle of sunscreen **per child** to be stored at camp.

_____ My child is allergic to some sunscreen. Please use **only** the following brand/type of sunscreen I have provided for my child: _____

_____ For medical or other reasons, please **DO NOT** apply sunscreen to the following areas of my child's body: _____

I have checked and initialed above **all** applicable information regarding the application and kind of sunscreen used on my child.

THIS SECTION MUST BE SIGNED BY PARENT AND/OR GUARDIAN BEFORE REGISTRATION IS ACCEPTED

- I hereby give permission to the RecPlex to transport the child named above off the camp property for the purpose of medical care or program activities as deemed appropriate by the Camp Director. I hereby authorize the camp to provide for and secure treatment of all health issues that arise at camp for child named above. In the event that I cannot be reached in an emergency, I give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthetic or surgery for the child named above. I understand that the RecPlex does not provide accident/medical insurance for the child named above. Medical bills will be the responsibility of the parent or guardian named below.
- Rules for campers are the same for everyone without regard to race, color, national origin, gender or disability. I understand that all campers will be treated as individuals and respect will be shown for a range of abilities and behaviors. I agree that RecPlex reserves the right to dismiss a child from camp whose special needs they are not able to provide for or whose conduct is not in the best interest of the camp community, without refund. I will notify the Camp Director if my child has any serious restrictions related to his/her participation in the camp program.
- I am aware of the following policies regarding camp fees: Registration fees are non-refundable; no refunds will be given within 10 days of my child's camp session; no refunds are given if a camper is dismissed from camp due to disciplinary action; no refunds are given if campers leave early due to illness or personal commitments. I authorize RecPlex to charge any fees due at the time to my credit card on file (if applicable).
- I understand that my child(ren) will be participating in a variety of activities, including swimming indoors and outdoors, ice skating, field games and fitness activities.
- I give permission for my child(ren) to go on field trips with the RecPlex Summer Camp. Transportation will be provided in a school bus or in one of the RecPlex vans.
- The RecPlex has my permission to use photographs taken of my child while at camp for promotional purposes.
- I hereby release the LakeView RecPlex of all liability.

We or I (Parents/Guardians) have read and agree to all conditions of this registration.

Signature of Parent/Guardian: _____ **Date** _____



Summer Camp Fees:

Enrollment Fee: There is a **\$50 fee per child per summer** for enrolling in the program. This fee is to secure you a spot in the program. This fee is NON-REFUNDABLE and must be paid prior to enrolling your child into the program.

Field Trips: Our summer day camp will be taking weekly field trips. All field trips are an additional fee. Students are not required to attend field trips and can choose to not participate. Any child present on the field trip day, but not enrolled and paid for **will not** be allowed to go on the field trip. If you choose to have your child participate in a field trip, please pay close attention to field trip information.

Specialty Camps: A variety of specialty camps will be offered throughout the summer. The cost of these camps will vary.

Payment Deadlines: Your weekly fees are due the Friday prior to your child attending the program. There will be NO EXCEPTIONS to this. If you fail to pay on time, you are subject to a \$10 late fee per week/ \$5 per day if the balance that is past due.

Program Credits/Refunds: There are **no credits given unless** it is medically related. Sickesses (cold, flu, strep, conjunctivitis, etc., do not apply) If it is for medical reasons, a doctor's note must accompany the Household Credit form may be filled out by guest services (available at the Guest Services Desk, must be approved by management).

Summer Camp Pricing-- Explorers

	Member	Non-Member
Registration Fee	\$50	\$50
Full Day Weekly (6am-6:30pm)	\$153	\$190
Full Day Daily (6am-6:30pm)	\$40	\$50
Half Day Weekly (6am-12pm/ 12:30-6:30pm)	\$90	\$125
Half Day Daily (6am-12pm/ 12:30-6:30pm)	\$25	\$30

*****Late pick-up fee: \$10 every 15 minutes past 6:30PM*****

Summer School Drop off/ Pick-up

This summer we will be offering pick-up and drop off for summer school. The schools we will be providing service to and from are: Whittier, Nash, Pleasant Prairie, and Lance. If your child will be attending summer school and you would like to use us as transportation, complete this form. This option is offered to children who are enrolled for full day care. No additional fees are required for this service.

Summer Schools Serviced by RecPlex Summer Camp* (New schools may be accepted by management; request below)

- | |
|---|
| <ul style="list-style-type: none"> 1 Whittier Elementary School 2 Pleasant Prairie Elementary School 3 Nash Elementary School 4 Lance Middle School |
|---|

Request a School _____ * Please note: RecPlex reserves the right to require 5 students per day from one school in order to provide transportation. _____ Initials

Circle name of school that your child will be attending for summer school.

Whittier Nash Pleasant Prairie Lance

Dates your child will be attending summer school:

Start Time of Summer School: _____

End Time of Summer School: _____

