

**2017 Teen Camp Registration Form**  
**Ages 12-15 years      Use one form per child**

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Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ School District (circle one): Colonial    Other: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Parent/Guardian #3 Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Sibling(s) Participating: \_\_\_\_\_ Age: \_\_\_\_\_

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**MEDICAL INFORMATION**

Does the participant have any medical conditions: ☐ Yes ☐ No    If "yes," please indicate the type of condition (s):  
☐ Diabetes    ☐ Asthma    ☐ Allergies    ☐ Other (please list) \_\_\_\_\_

List any medical conditions for which the participant requires medical treatment and explain what type of treatment is necessary: \_\_\_\_\_

Is participant on any medication(s)? ☐ Yes ☐ No    If "yes," please list the medication(s), dosage and frequency:

\_\_\_\_\_  
\_\_\_\_\_

Please state any other conditions or special needs the staff should be aware of: \_\_\_\_\_

\_\_\_\_\_

Can the participant swim without the assistance of a flotation device? ☐ Yes    ☐ No    If "no," the participant will be provided with a lifejacket which they must wear whenever they are in the pool area.

CAMPER NAME: \_\_\_\_\_ Age Group: \_\_\_\_\_

OTHER IMPORTANT INFORMATION \_\_\_\_\_

**Camp GPCC Dates:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> June 26-June 30     | <input type="checkbox"/> Camel Beach              | <input type="checkbox"/> Poco Loco Paintball  |
| <input type="checkbox"/> July 5-July 7       | <input type="checkbox"/> Brunswick Zone           |   |
| <input type="checkbox"/> July 10-July 14     | <input type="checkbox"/> Six Flags                | <input type="checkbox"/> Point Pleasant Beach |
| <input type="checkbox"/> July 17-July 21     | <input type="checkbox"/> Outdoor Xtreme Paintball | <input type="checkbox"/> Stadiums/McFadden's  |
| <input type="checkbox"/> July 24-July 28     | <input type="checkbox"/> Dutch Springs            | <input type="checkbox"/> Camelback Zip-Lines  |
| <input type="checkbox"/> July 31-August 4    | <input type="checkbox"/> Phillies Game            | <input type="checkbox"/> Hershey Park         |
| <input type="checkbox"/> August 7-August 11  | <input type="checkbox"/> Point Pleasant Beach     | <input type="checkbox"/> Hurricane Harbor     |
| <input type="checkbox"/> August 14-August 18 | <input type="checkbox"/> Dorney Park              | <input type="checkbox"/> Poco Loco Paintball  |

Initial \_\_\_\_\_ I understand there are NO REFUNDS for any camp program & camp/trip registrations are non-transferable.

Initial \_\_\_\_\_ I have read and understand the Behavior Contract & the Discipline Procedure

Initial \_\_\_\_\_ I have read the Parent Manual

Initial \_\_\_\_\_ I understand trip deadlines are firm. If I miss a trip deadline my camper may not be able to attend the trip. I will be placed on a waiting list. If my child does not attend the trip there is no camp.

Initial \_\_\_\_\_ I understand camp trips leave on time, and if I am not on time and miss the bus there are no refunds for any trips.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Legal Guardian)

RELEASE OF LIABILITY- PLEASE SIGN AND INITIAL WHERE INDICATED

I understand and agree, for myself and/or for any minors in my care, that participation in any activities and programs sponsored by Plymouth Township (the "Township"), where the Township provides facilities, instruction and/or supervision, could result in injury to myself, minors in my care and/or to personal property owned by me or such minors. In consideration for being permitted to use the Township's facilities and/or participate in Township-sponsored activities/programs, I agree:

For myself and/or for any minors in my care, to fully and completely release the Township, its officials, employees, boards, departments, agents volunteers, representatives and affiliated entities from any and all claims, liabilities or actions for any personal injuries to me, personal injuries to minors in my care and/or any loss or damage to my personal property or the personal property of any such minors arising from our use of Township facilities or participation in Township-sponsored activities and programs.

INITIALS: \_\_\_\_\_

I certify that to the best of my knowledge, I and/or any minors in my care are healthy enough to participate in the recreation program sponsored by the Township. I understand that no health and/or accident insurance are provided by the Township. I also understand and agree, for myself, and/or for any minors in my care, that I am solely responsible for the cost and expense for furnishing medical or other insurance to cover any expenses related to any such personal injuries or property damage.

INITIALS: \_\_\_\_\_

I hereby give the Township's staff permission to secure emergency medical care for minors in my care who may suffer an injury or illness while in the temporary care of Township representatives.

INITIALS: \_\_\_\_\_

I agree, for myself and/or for any minors in my care, to comply with all Township rules and regulations, including any rules and regulations governing any activities or programs for which I, and/or any minors in my care, have registered, and understand and agree that noncompliance with any such rules and regulations by me, or any minors in my care, may result in termination of the privilege to use Township facilities and/or participate in Township-sponsored activities and programs. In the event of such a termination for cause, I understand that I will not be entitled to be reimbursed for any registration, activity or program fees.

INITIALS: \_\_\_\_\_

I grant the Township the right to use my/our name, image, photograph and video, including composite or modification, representations in publications, brochures, newsletters, reports, website, social media, videos and any other material relating to Township activities. I waive the right to inspect or approve versions of my/our image used for publication or the written copy that may be used in connection with the image. If I do not wish to have my child's photo/video published, I must submit a request in writing.

INITIALS: \_\_\_\_\_

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and/or any minors in my care and the Township, and sign it of my own free will. Intending to be legally bound hereby, and with full authority, I acknowledge, agree to and accept the terms of this Liability Waiver and Release on behalf of myself and/or on behalf of any minors in my care.

I understand that the Township shall be excused from performance hereunder to the extent that such performance has been prevented by the consequences, direct or indirect, of labor troubles, fires, utility loss, accidents, war, terrorism, civil disobedience, and causes beyond the control of the Township.

Participant Name (Print): \_\_\_\_\_

Camp Name: \_\_\_\_\_ Age Group: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signed: \_\_\_\_\_

Date: \_\_\_\_\_