

# BROOKSIDE SCHOOL SUMMER DAY CAMP APPLICATION

Circle weeks – TWO WEEK MINIMUM

\*No camp on July 4<sup>th</sup>

Child's Name: \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_ Last \_\_\_\_\_ First

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Allergies \_\_\_\_\_

Child will enter Grade \_\_\_\_\_ in September 2024

Street Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Address (if different) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

email \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Address (if different) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

email \_\_\_\_\_

### Emergency Contacts (other than parent)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Restrictions on pick up (if any) \_\_\_\_\_

### Please read carefully and sign the following Understanding/Waiver.

In consideration for being allowed to participate in any way in the BROOKSIDE SUMMER CAMP athletic/sports programs, and related events, I, the undersigned, voluntarily agree to assume full and complete responsibility for any injury or accident which may occur to the above named child during or in connection with the BROOKSIDE SUMMER CAMP or it's staff while they are on the premises of BROOKSIDE. I acknowledge that at BROOKSIDE, they will participate in activities that may involve, among other things, physical contact with persons or objects, including the ground, and may incur a risk of injury. I specifically waive, give up and release BROOKSIDE and its staff, from all liability for any claim for damages which the above named child may have relating to injuries or illness that they may sustain. In signing this waiver, I certify that the above child is in good health, with no chronic illness or abnormal tendencies. In the event of an emergency in which the above child requires medical care, I authorize BROOKSIDE to act for me and obtain whatever medical, surgical or dental examination, diagnosis and/or treatment is deemed necessary. BROOKSIDE is not responsible for my personal belongings which are lost, stolen, or damaged. I further understand that I should be aware of the above named child's physical limitations and agree not to exceed them. I UNDERSTAND AND AGREE WITH THE BROOKSIDE SUMMER CAMP WAIVER POLICY.

Date \_\_\_\_\_ Signature \_\_\_\_\_

1	2	3	4	5	6	7	8	9	Total
June 24 to June 28	July 1* to July 5	July 8 to July 12	July 15 to July 19	July 22 to July 26	July 29 to Aug 2	Aug 5 to Aug 9	Aug 12 to Aug 16	Aug 19 to Aug 23	

**\$200.00 per child** (Registration Fee & Deposit) **MUST** accompany this form. **NO REFUNDS!**

Circle Days: M T W R F or 5 DAY

Session: AM (8:30 -11:30) \_\_\_\_\_ Full \_\_\_\_\_

Extended Care: Drop off time \_\_\_\_\_ Pick up time \_\_\_\_\_

Registration Fee	\$ 50.00
Camp Fee _____ Weeks @ _____	\$ _____
Extended Care _____ hrs.@ _____	\$ _____
Total	\$ _____
Less Registration & Deposit	\$- _____

Balance \$ \_\_\_\_\_

(To be paid in two installments June 1<sup>st</sup> & July 1<sup>st</sup>)

Date	Debits	Credits	Balance

**Please enroll my child for the period specified on this application. I understand there will be NO REFUNDS. The balance is to be paid in full by July 1, 2024. Unless you object, photos of your child may be posted on the school website and social media pages.**

Date \_\_\_\_\_ Signature \_\_\_\_\_