

Day Camp Registration Form

4820 SR 92 Lake Stevens, WA 98258 p 425-334-6215 f 425-339-7511
www.cedarspringscamp.net

Camper Information

(only one camper per form). Please print clearly.

Name: Last: _____ First: _____ Middle Initial: _____

Date of Birth: _____ / _____ / _____ Gender: M / F

Grade Entering in Fall: _____

Childs Home Address: _____ City: _____

State: _____ Zip: _____

T-shirt - Child: Sm Med Lg Adult: Small Med Lg XL

Parent/ Guardian Information

(used for all correspondence, billing, & emergency contact)

1st: Last, First, M.I. _____

Home Phone: (_____) _____ Secondary Phone: (_____) _____ Relationship to Child: _____

2nd: Last, First, M.I. _____

Home Phone: (_____) _____ Secondary Phone: (_____) _____ Relationship to Child: _____

Email Address: (We use it to send your confirmations and information about your Childs week of camp)

Email: _____

- Sign me up for the bi-monthly Parent's Newsletter
 Sign us up for the monthly Camper Newsletter

Team Mate Requests

(optional) List maximum of two mates below who you would like to be grouped with during the week.

1st name: Last, First, M.I. _____

2nd name: Last, First, M.I. _____

Medical Information

Allergies (Medicine, food, insects etc...) _____

Last Tetanus Shot _____

History of Communicable Disease _____

Medications (Prescriptions & over the counter) _____

Dosage & Routine _____

Current Health Problems _____

List Disabilities _____

Health Insurance carrier _____

Policy Number _____

Policy holder's name _____

Family physician _____ Phone _____

We are unable to administer any medication including Tylenol if not provided by the guardians along with written instructions.

For more information please check out the Parent's Zone on our website www.cedarspringscamp.net

Day Camp Days Please mark which weeks your child will be attending camp. If your plans should change after registration **four business days written notice** is needed to cancel dates or you will not receive a refund. You may switch weeks if room is available with no charge. For the first week of Day Camp please circle the days your child will be out of school and attending camp, that week will be prorated \$30 per day.

Endlessummer

- January 15th, \$25
- February 16th, \$25
- Spring Break April 2-6, \$150

**Weeks of Summer Day Camp
\$150 per week**

- June 18 - 22 Game Show Overload
M T W T F
- June 25 - 29 Explore
- July 9 -13 Wet and Wild
- July 16- 20 Game Show Overload
- July 23 - 27 Explore
- July 30 – Aug 3 Wet and Wild
- July 30 - Aug 3 Adventure Camp 4th-6th grade \$175

- August 6 – 10 Game Show Overload
- August 13 –17 Wet and Wild
- August 13- 17 Adventure Camp 4th-6th grade \$175

- August 20 – 24 Explore
- August 27 - 31 End of the Summer Blowout! \$160

Total of Weeks: _____

**Only for Summer Programs
Drop off**

Included with Day Camp fees

- Marysville 6:50am
Bus stop @ the corner of 64th & Hwy 528
- Everett 6:45 am
Main Station 3201 Smith
- Lake Stevens 7:05 am
Park and Ride (by Frontier Village)
- I will drop of my child at Cedar Springs at 8am
- I will drop off my child at Cedar Springs
between 6:30-7:45 am

Pick up

Included with Day camp fees

- Marysville 6:30pm
Bus stop @ the corner of 64th & Hwy 528
- Everett 6:04 pm
Main Station 3201 Smith
- Lake Stevens 5:44 pm
Park and Ride (by Frontier Village)
- I will pick up my child at Cedar Springs at 5pm
- I will pick up my child at Cedar Springs
between 5-6:30pm

Payment Information

Save Money–

If you have 2 or more campers in your family take \$5 off per camper each week.
Take \$5 off each week if your child attends at least 9 of the 11 weeks of camp.

Deposit/Payment: \$ _____

Store Card: (Summer only) \$ _____

(we sell drinks, candy, pop and other items at our snack shack . Day campers are allowed to spend up to \$2 a day)

Total amount Due: \$ _____

Total amount paying today \$ _____

(The \$50 dollar deposit is required with registration for week long programs.)

Required Signatures (3)

Health

This health form is correct to the best of my knowledge, and the person herein described has permission to engage in all camp activities, except as noted by me. I hereby give permission to Cedar Springs Camp and its designated medical staff to hospitalize, to secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. My signature below releases the corporation of Cedar Springs Camp and its staff of any liability of accident incurred by the above named camper. I understand that Cedar Springs Camp only carries secondary insurance for campers and that I will take primary responsibility for any charges occurring in the event that the camper named above should need any medical attention at any clinic, facility or hospital. I have read, completed, and fully understand the above information.

Signature of Parent /guardian X _____ **Date** _____

Photo and Video

I give permission and consent for my child to participate in all activities, except as noted above and to allow photographs, video tapes, and interviews to be taken during the camp session(s). I further give permission and consent that any such photographs, videotapes or interviews may be published and used to illustrate, promote, and advertise Cedar Springs Camp and activities.

Signature of Parent /guardian X _____ **Date** _____

Vehicle and Public Bus

I give my permission and consent for my child to be transported in a vehicle and/or public bus, with the understanding that the vehicle/bus will be driven by a trained and qualified driver for the purpose of some camp activities.

Signature of Parent /guardian X _____ **Date** _____