



FAMILY CENTER

CAMP APPLICATION FORM

Camper #
|_|_|_|_|_|_|_|

Membership #

YEAR |_|_|_|_| Mbr Type |_|_| |_|_|_|_|_|_|

Child's Last Name _____ First Name _____
 "Goes By" Name _____ Birth Day: MM - DD - YY _____ Sex _____
 Residence Address _____ Apt. No. _____ Home Phone _____
 City _____ State _____ Zip _____
 School Grade in Sept _____ School Attended _____

Father's Last Name (If Different from child) _____ First Name _____
 Father's Business Phone _____ Ext. _____ Father's Cell Phone _____ Father's Pager _____

Mother's Last Name (If Different from child) _____ First Name _____
 Mother's Business Phone _____ Ext. _____ Mother's Cell Phone _____ Mother's Pager _____

Emergency Name No. 1 (Other than Parent) _____ Phone Number _____ Ext. _____
 Emergency Name No. 2 (Other than Parent) _____ Phone Number _____ Ext. _____
 Doctor's Name _____ Phone Number _____ Ext. _____

- All existing amounts due must be paid prior to applying payments to camp fees. All camp fees must be paid in advance of attendance and are **non-refundable**. Member accounts have to be current and remain current in order to receive any discounts. Charging of Camp Fees to Member's Account requires that the member account be setup for credit card draft.
- Campers are released only to those listed above without written permission of parent or guardian.
- I give permission for my child to take part in all activities including swimming and trips away from camp. In the event of an emergency, if my child's physician is not available, I hereby grant permission to call another licensed physician. I authorize the camp staff to act for me according to their best judgement. I understand that I am responsible for paying all medical costs incurred. All parents / guardians are required to carry medical insurance on each camper, or sign a waiver accepting full responsibility for any and all medical costs for their child.

- Name of Health Insurance Carrier _____ Policy Number _____
- Participation in any Chancellors activities and use of any recreational facilities involves a risk of accidental injury despite all safety precautions. Having been informed, of the activities to be conducted by Chancellors Camps, I/we, as an individual or as a parent or guardian of the participant named herein, assume all risks and hazards incidental to the activities, and release from responsibility and agree to indemnify and hold harmless Chancellors, its officers, directors, independent contractors, volunteers, and all employees for any illness or injury to me or my children or family members occurring during his/her participation in any camp activities, trips, or use of any recreational facilities at or conducted by Chancellors Family Center.
 - I have read the above policy on registration, payment, and the brochure thoroughly and I agree to be responsible for 100% payment of all fees as prescribed and adhere to all procedures stated.
 - Participation in Chancellors sponsored programs constitutes permission for Chancellors to use any photos of participant for promotional purposes without remuneration. (Permission may be refused by crossing out this item.)
 - I give permission for Chancellors to distribute group rosters to all participants including my name, address, and phone number. (Permission may be refused by crossing out this item.)
 - I give permission for Chancellors to apply sunscreen to my child as needed. (Permission may be refused by crossing out this item.)
 - Any parent who has specific concerns or questions regarding their child's camp experience should contact the Camp Director.

The person(s) signing below accepts and understands the above terms and conditions and takes full responsibility for 100% of camp fees / current membership status and health insurance throughout all camp sessions:

SIGNATURE _____ **DATE** _____

If sibling discount is being taken, give name of 1st sibling: _____

CAMP (Day/Sports/Tennis)	TOTAL DAYS	CAMP FEE	ADDITIONAL CHARGES	TOTAL

Method of payment:
 CHECK # _____
 CREDIT CARD: VS MC AE DC
 Card # _____
 Expiration ____/____
 Name on Card _____

Please make checks payable to:
 Chancellors Family Center

TOTAL PAID: _____