Camper’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_ Grade in fall: \_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**$25 nonrefundable deposit due per week at time of registration. Final balance is due June 21st.**

**Weekly rate: 5 days $175 Residents - $195 Non-Residents**

**After May 1st , 2024 – 5 Days - $190 Residents - $210 Non-Residents -**

**Daily Rate & Recurring weekly Payments available online at www.thompsonrec.org**

**10% Sibling Discount Available**

**Groups (grade going into in fall 2023)**

Red Group (Age 5-6) \_\_\_\_\_\_

Blue Group (Age 7-9) \_\_\_\_\_

Green Group (Age 10-13) \_\_\_\_\_\_

Counselors in Training (Grades 7&8) \_\_\_\_\_

**Week(s) attending:**

**Week ONE:** 6/24 to 6/28 \_\_\_\_

**Week TWO:** 7/8 to 7/12 \_\_\_\_

**Week THREE:** 7/15 to 7/19 \_\_\_\_

**Week FOUR:** 7/22 – 7/26 \_\_\_\_

**Week FIVE:** 7/29 to 8/2 \_\_\_\_

**Week SIX :** 8/5 to 8/9 \_\_\_\_

**Office Use Only:** $$ Collected at Registration: \_\_\_\_\_\_\_\_\_ Date Entered: \_\_\_\_\_\_\_

Does your child have a prescribed EPI Pen Yes\_\_\_\_ No\_\_\_\_

If yes, what allergies is EPI Pen prescribed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have a prescribed Inhaler Yes\_\_\_\_ No\_\_\_\_

Does your child have any food allergies Yes\_\_\_\_ No\_\_\_\_

If yes, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any medical conditions camp staff should be aware of?

Yes\_\_\_\_ No\_\_\_\_

If yes, please describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child require any medications during camp hours?

Yes\_\_\_\_ No\_\_\_\_

If yes, additional forms will be required.

Emergency Contact/Authorized Pick Up #1: Name/number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact/Authorized Pick Up #2: Name/number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact/Authorized Pick Up #3: Name/number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact/Authorized Pick Up #4: Name/number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I grant permission to Thompson Recreation and its employees the irrevocable and unrestricted right to produce photographs and video taken of my child while at Thompson Recreation’s activities for any lawful purpose and in any medium. Yes: \_\_\_\_ No\_\_\_\_

**Additional forms to be filled out:**

**Hospital Medical Information & Summer Camp Disclaimer/Agreement**

**Copy of Current Physical/ Immunization List**

**Your signature confirms that all statements above are true.**

Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_