

# 2012 SUMMER CAMP REGISTRATION FORM

Lynchburg Parks & Recreation • 301 Grove Street, Lynchburg VA 24501 • 434-455-5858 • FAX 434-528-2794

[www.lynchburgva.gov/parksandrec](http://www.lynchburgva.gov/parksandrec)

**How did you hear about Summer Camps?**    Returning Camper    Activity Guide    Website    Email    Facebook    LTV    TV  
 Newsletter    Newspaper    Friend    School Flyer    Other: \_\_\_\_\_

**Camper's Name:** \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Female    Male

City of Lynchburg Resident?    Yes    No   *Only participants living in the City of Lynchburg are eligible for Lynchburg Resident Fee (LR).*

<b>Street Address (REQUIRED):</b> _____ <small>Street Address</small> _____ City _____ State _____ Zip _____	<b>Mailing Address (IF DIFFERENT THAN STREET ADDRESS):</b> _____ <small>Street Address or PO Box</small> _____ City _____ State _____ Zip _____
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Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent's/Guardian's Email: \_\_\_\_\_

Camps / Sessions / Locations	Dates	Camp #	Fee / Lynchburg Resident Fee
<input type="checkbox"/> Customs and Cultures of Lynchburg – <i>Daniel's Hill</i>	June 25 – July 27	67200.201	
<input type="checkbox"/> Fairview eXtreme: Session 1 – <i>Fairview</i>	June 18 – July 13	63200.260	
<input type="checkbox"/> Fairview eXtreme: Session 2 – <i>Fairview</i>	July 23 – August 17	63200.270	
<input type="checkbox"/> LEGIT (ages 12-15): Session 1 – <i>College Hill</i>	June 18 – July 13	65200.201	
<input type="checkbox"/> LEGIT (ages 12-15): Session 2 – <i>College Hill</i>	July 23 – August 17	65200.202	
<input type="checkbox"/> Naturalist Camp, Young (ages 6-7) – <i>Ivy Creek Park</i>	June 25 – June 29	54001.201	
<input type="checkbox"/> Nature Camp (ages 9-12) – <i>Ivy Creek Park</i>	July 16 – July 20	54001.202	
<input type="checkbox"/> Shark Camp! (ages 8-11) – <i>Nature Zone</i>	August 6 – August 8	54001.203	
<input type="checkbox"/> Summer at the Center: Session 1 – <i>Diamond Hill</i>	June 18 – July 13	66200.201	
<input type="checkbox"/> Summer at the Center: Session 2 – <i>Diamond Hill</i>	July 23 – August 17	66200.202	
<input type="checkbox"/> Summer at the Center: Session 1 – <i>Jefferson Park</i>	June 18 – July 13	62200.201	
<input type="checkbox"/> Summer at the Center: Session 2 – <i>Jefferson Park</i>	July 23 – August 17	62200.202	
<input type="checkbox"/> Summer at the Center: Session 1 – <i>Yoder</i>	June 18 – July 13	64200.201	
<input type="checkbox"/> Summer at the Center: Session 2 – <i>Yoder</i>	July 23 – August 17	64200.202	
<input type="checkbox"/> Summer Youth Connection: Session 1 – <i>Miller</i> <i>Playhouse Hours:</i> <input type="checkbox"/> 6/18 <input type="checkbox"/> 6/25 <input type="checkbox"/> 7/2 <input type="checkbox"/> 7/9	June 18 – July 13	61000.200	
		61000.262	
<input type="checkbox"/> Summer Youth Connection: Session 2 – <i>Miller</i> <i>Playhouse Hours:</i> <input type="checkbox"/> 7/23 <input type="checkbox"/> 7/30 <input type="checkbox"/> 8/6 <input type="checkbox"/> 8/13	July 23 – August 17	61000.201	
		61000.263	

**Total Due:** \_\_\_\_\_

**OFFICE USE ONLY**   Receipt # \_\_\_\_\_   Processed by: \_\_\_\_\_   Date: \_\_\_\_\_

**Method of Payment**

- Cash (*Do not send cash through the mail.*)  
 Check (# \_\_\_\_\_)  
 Money Order  
      Expiration Date: \_\_\_\_\_

**CREDIT CARD AUTHORIZATION**

*Must be complete for all credit transactions.*

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Total Amount Charged:   \$ \_\_\_\_\_  
 Cardholder Name:   \_\_\_\_\_  
 Cardholder Signature:   \_\_\_\_\_

**Name and Address of Person Paying Camp Fee (if different than parent/guardian):**  
 \_\_\_\_\_  
 Name \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**REFUND POLICY: 1)** Refunds will only be considered if requested at least 10 business days prior to the start of the camp and may be subject to an administrative fee for incurred costs. **2)** No refunds/partial refunds will be issued to participants who fail to attend a camp.

***If you are a City resident, in need of financial assistance, you may qualify for a scholarship.  
 For further information, contact Center Staff or call Parks & Recreation Customer Service 455-5858.***

## MEDICAL INFORMATION

Physician's Name \_\_\_\_\_ Office Phone # \_\_\_\_\_

List all allergies, including drug and food allergies: \_\_\_\_\_

List any important medical notes: \_\_\_\_\_

I understand that Parks and Recreation staff will not serve as the custodian of and will not dispense or administer any medications, inhalers, epinephrine injectors, or similar medical devices as part of the camp program. It is my child's responsibility to maintain custody of and administer any medications or medical devices my child may need. \_\_\_\_ (initial)

In the event of a medical emergency, I authorize camp staff to contact EMS at 911. If my child requires medical treatment I agree to be responsible for the cost of such treatment. \_\_\_\_ (initial)

## EMERGENCY CONTACTS

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_  
Home Cell Work/Other

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_  
Home Cell Work/Other

## DISMISSAL INSTRUCTIONS

- My child has permission to sign out at the end of the camp day. I am aware that camp staff is not responsible for my child after they have left the camp program. \_\_\_\_ (initial)
- My child will remain at camp; I will pick up my child at the end of the camp day. \_\_\_\_ (initial)
- Only the following individuals have been authorized to pick up my child. \_\_\_\_ (initial)
  - Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
  - Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## TRANSPORTATION PERMISSION

I grant permission for my child to utilize transportation provided by Parks & Recreation for field trips and camp activities. \_\_\_\_ (initial)

## MOVIE PERMISSION

Campers may watch movies which have been rated G or PG by the Motion Picture Association of America.

- I do not give my child permission to watch G or PG rated films. \_\_\_\_ (initial)
- I give my child permission to watch G or PG rated films. \_\_\_\_ (initial)

## LIABILITY & PHOTO RELEASE

I hereby release and hold harmless the City of Lynchburg, its officers, its employees and its partners from all actions, causes of action, damages and claims, or demands which I, my heirs, executors, administrators, or assignees may have against the City of Lynchburg, and/or other described parties for all personal injuries known or unknown incurred by participation in this/these activity(ies). \_\_\_\_ (initial)

I grant permission to use the likeness of my child and name in any official communication materials. Materials may include, but are not limited to, department publications, videos, billboards, television, print and web use. \_\_\_\_ (initial)

Sign Here →

Parent / Guardian Sign \_\_\_\_\_

Date \_\_\_\_\_

## LYNCHBURG PARKS & RECREATION DEPARTMENT VALUES

Optimistic Attitude ▪ Respect for Leadership, Others and Property ▪ Integrity ▪ Safety  
Honesty ▪ Self Discipline and Self Control ▪ Positive Social Interaction

Last Name:

First Name: