



# Wayne PAL Summer Day Camp



## Camper Information

Campers Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade(as of 9/20) \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

Parent E-Mail \_\_\_\_\_ Gender (Circle One) Male Female

## Parent/Guardian Emergency Information

Name \_\_\_\_\_ Cell Number \_\_\_\_\_

Employer \_\_\_\_\_ Work Number \_\_\_\_\_

Name \_\_\_\_\_ Cell Number \_\_\_\_\_

Employer \_\_\_\_\_ Work Number \_\_\_\_\_

## Medical Information

Pediatrician \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Please list any allergies \_\_\_\_\_

## Camper Enrollment Information

Full Day Camp 7:00am-6:30pm \$220 Per Week **Please check the weeks that you would like to register**

- Week 1 - 6/28 - 7/2  
  Week 2 - 7/5- 7/9  
  Week 3- 7/12-7/16  
  Week 4 - 7/19 - 7/23  
 Week 5- 7/26 - 7/30  
 Week 5- 8/2-8/6  
 Week 6- 8/9- 8/13  
 Week 7- 8/16-8/20  
 Week 8-8/23- 8/27

Early Day Camp 7:00am-3:30pm \$190 Per Week **Please check the weeks that you would like to register**

- Week 1 - 6/28 - 7/2  
  Week 2 - 7/5- 7/9  
  Week 3- 7/12-7/16  
  Week 4 - 7/19 - 7/23  
 Week 5- 7/26 - 7/30  
 Week 5- 8/2-8/6  
 Week 6- 8/9- 8/13  
 Week 7- 8/16-8/20  
 Week 8-8/23- 8/27

In the event of an emergency I hereby give permission, of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. In consideration of acceptance of my child in the Wayne PAL Summer Day Camp. I hereby, for myself, my child, their heirs, executors, and administrators waive and release any claim we may have for damages against the Wayne PAL, its officials, officers, employees or representative, the Wayne PAL board of trustees, its officers, employees or representative or their successors of assigns for any and all injuries, except those specifically covered under the PAL Youth Activity Accident Insurance policy, that may be suffered by my child while participating in sports events or programs or activities of the Wayne PAL. I also give permission for photos including my child to be used on the PAL website and facebook pages .

The above applicant is in good physical and mental condition and requests enrollment in our summer camp.

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

Credit Card Number:	Expiration Date
Name (as it appears on the card):	Total Amount Authorized