



WAYNE PAL SUMMER DAY CAMP

(One form per child)



CHILD'S NAME _____ AGE _____ DOB _____ GRADE (AS OF SEPT 2018) _____
 ADDRESS _____ TOWN _____ STATE _____ ZIP _____
 PHONE _____ SCHOOL _____

Payment	Payment	Payment
WEEK 1 (6/25-6/29) _____	WEEK 4 (7/16-7/20) _____	WEEK 7 (8/6-8/10) _____
WEEK 2 (7/2-7/6) _____	WEEK 5 (7/23-7/27) _____	WEEK 8 (8/13-8/17) _____
WEEK 3 (7/9-7/13) _____	WEEK 6 (7/30-8/3) _____	WEEK 9 (8/20-8/24) _____

Check off weeks attending only. Office staff will mark weeks paid under payment

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

Only Visa, Mastercard and Discover accepted **PAYMENT PLANS AVAILABLE.** Inquire at the PAL.
 _____ SUMMER CAMP (7:30AM-6:30PM)- \$220.00/week (Week 2 fee is \$180)
 _____ EARLY PICK -UP SUMMER CAMP (7:30AM-3:30PM) -\$190.00/week (Week 2 Fee is \$160)
 _____ DAILY RATE \$50.00

Medical Release Form

Please attach a copy of your child's Immunization records

Emergency Phone #'s

1. Parents Name _____ Employer _____
 Phone #'s Work _____ Cell _____

2. Parents Name _____ Employer _____
 Phone #'s Work _____ Cell _____

Additional Contact (other than an Parent)

3. Name _____ Relationship _____
 Phone #'s Home _____ Work _____ Cell _____
 Doctor _____ Phone # _____ Dentist _____ Phone # _____

Please list any allergies, medications, health problems, physical conditions, etc.

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.

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

Parent/Guardian

Signature _____ Date _____

BEGINNER
SWIM LESSONS
AVAILABLE
(additional fee)

ON-SITE
SWIMMING IN
OUR BRAND
NEW
INGROUND
POOL



Wayne PAL SUMMER CAMP

OUR ACTIVITIES

INDOOR/OUTDOOR GAMES,
ARTS & CRAFTS, MOVIE ROOM
GAGA, BOARD GAMES ETC

OPEN TO GRADES K-8

JUNE 25TH-AUGUST 24TH

9 GREAT WEEKS

SIGN UP BY THE WEEK OR
DAY!

CALL FOR MORE INFO
973-696-2896

OR VISIT OUR WEBSITE
WWW.WAYNEPAL.ORG

