



Lower Gwynedd Township Building  
 1130 N. Bethlehem Pike, P. O. Box 625  
 Spring House Pa 19477-625  
 www.lowergwynedd.org  
 215-646-5302

Twp Office Use Only:	
Date Received:	_____
Check #:	_____
Check Amt:	_____
Rcpt #:	_____

Complete this application (**1 Form per Family**) for the Lower Gwynedd Township Summer Camp and return it with the registration fee to the township building.

Child's Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother Name \_\_\_\_\_ Father Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mom's Work # \_\_\_\_\_ Mom's Cell \_\_\_\_\_ Dad's Work \_\_\_\_\_ Dad's Cell \_\_\_\_\_

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

In case of an emergency, contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
Name / Relation

### Registration Camp Options:

**Entire 6 Week Camp (June 19– July 28)**  
**Registration Ends May 23**

- \$ 650 first resident child
- \$ 585 for each additional resident child
- \$ 750 first non-resident child
- \$ 715 for each additional non-resident child

**Weekly Rate Option**

- \$ 210 first resident child
  - \$ 180 for each additional resident child
  - \$ 260 first non-resident child
  - \$ 235 for each additional non-resident child
- Please indicate the weeks
- |  |   |
|--|---|
| <input type="checkbox"/> Week 1 June 19        | <input type="checkbox"/> Week 2 June 26 |
| <input type="checkbox"/> Week 3 July 5 (3days) | <input type="checkbox"/> Week 4 July 10 |
| <input type="checkbox"/> Week 5 July 17        | <input type="checkbox"/> Week 6 July 24 |

Post Camp \$350 (3 p.m. – 5 p.m. every day)

Registrations received after May 24, 2017 will be charged a Late Fee of \$50.

Who will be picking the child(ren) up? \_\_\_\_\_

Who else is allowed to pick up the child(ren)? \_\_\_\_\_

For each camper in your family, complete the following:

First Name	M/F	Date of Birth	Age	Grade Completed <small>As of Summer</small>	Tee-Shirt Size *
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\*Tee-Shirt sizes are: Youth: M, L Adult: S, M, L, XL

Are there any mental or physical limitations or conditions, which require special attention?  
(I.e. epilepsy, diabetes, allergies, etc.): \_\_\_\_\_

Family Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

I certify that the information on this form is correct to the best of my knowledge.

Parent's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Participant's Acknowledgement, Waiver & Release**

I hereby acknowledge and understand that engaging in sports and other recreational activities is potentially hazardous and could possibly result in an injury to the participant. As a result, the undersigned hereby releases the Township of Lower Gwynedd, its officers, agents, and employees from liability or responsibility for any accident, injury, or illness arising from my son or daughter's participation in the Lower Gwynedd Summer Camp Program. I agree to indemnify and hold harmless the Township, their departments, employees and agents against liability for personal injury or property damage resulting from my child's participation in camp activities. I agree to provide the Township with proof of medical insurance as a condition to my child's participation. I further agree to furnish a certified birth certificate or proof of birth for my enrolled children upon request by the Township of Lower Gwynedd or the camp administrator.

I acknowledge that programs sponsored or administrated by the Township of Lower Gwynedd may be limited in number of participants or cancelled without prior notification. I understand and agree that once the classes have begun, no refunds can be provided for cancellations. Finally, I agree that Lower Gwynedd Township may use any photos taken at camp activities for future Township publications.

Parent's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL RELEASE**

I hereby authorize the staff of the Lower Gwynedd Summer Camp Program to seek and administer emergency medical treatment to my son/daughter \_\_\_\_\_  
(list all children in the program) in the event of accident, injury or illness during his/her participation in the program. I hereby grant permission to any hospital, licensed physician, emergency room personnel, registered nurse, or paramedic emergency service to provide treatment to my son/daughter in the event of accident, injury, or illness. I hereby accept financial responsibility for such treatment.

Parent's Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



Ambler Area YMCA's Aquatic Program  
 At Wissahickon Middle School Site  
 ALL INFORMATION WILL BE KEPT CONFIDENTIAL

**One Form Per Child**

Lower Gwynedd Township Summer Camp Please print clearly and completely fill out and sign this form.  
 Admission will not be granted to any participant unless completed and returned.

**Health History Form**

Child's Last Name: \_\_\_\_\_ Child's First Name \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: *M or F*

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School's Name: \_\_\_\_\_ Grade Level (in the Fall) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Phone #: \_\_\_\_\_

*Has your child been under a Physician's care in the last year: Y or N*

*If yes please explain:* \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If your child has had any of the following conditions or diseases please give the date:  
 Epilepsy \_\_\_\_\_ Fainting Spells \_\_\_\_\_ Coronary \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_

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**To Be Completed By Parent**

I \_\_\_\_\_ grant permission for \_\_\_\_\_ to  
 Parent's Name Child's Name

Participate in the Ambler Area YMCA's aquatics program in the Wissahickon Middle School and certify the above form as true and accurate. \_\_\_\_\_

Parent's Signature

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**The YMCA of Philadelphia and Vicinity Lighting and Thunder Policy**

The first sight or sound of lighting and or thunder outside, the indoor pool and deck must be cleared for 30 minutes after each sighting or sound . Your child will not be able to swim if Lighting or Thunder occurs at any point of their swim time.

I, \_\_\_\_\_ understand the Lighting and Thunder Policy, \_\_\_\_\_  
 Parent's Name Parent's Signature

# Important Notice

Wissahickon School District in their efforts to prevent cuts in their educational programs and to produce revenue will be participating in an electricity curtailment program. This program will involve curtailing electrical consumption during the event of high demand on their system as determined by the electrical power grid operator. The curtailment could occur between 12 Noon -6 pm on the weekdays only, not lasting longer than 6 hours.

Here is how it will affect the Lower Gwynedd Township Summer Camp program, once and if an event occurs there will still be lights in the building, however the air conditioning and ventilation will be powered off, please keep in mind the areas in which the camp uses at the Wissahickon Middle School is air conditioned. The majority of our campers are picked up at normal camp dismissal time of 3:00 p.m. There is a possibility of the campers being in the building for approximately 3 hours with no ventilation. Depending on the weather and the room climates will determine the afternoon activities, if an event occurs.

If parents wish to be notified that an event has occurred and they do not wish to have their children stay in the building please complete the information below. The Parks & Recreation Department will have the capability of phoning or emailing parents. If a parent chooses email only an email will be sent and the same for phone calls. Please provide us with the best way to contact you, if you have a smart phone that supports email please provide us with those email accounts. Please do not give us any contact information that you will not be checking until you get home.

Please note any emails you provide for the camp program will only be used for the Summer Camp program and no other solicitation.

## Child(s) Names

Including Last Name: \_\_\_\_\_

ONLY GIVE THE BEST PHONE NUMBER AND EMAIL TO CONTACT YOU.

Both Parents can be contacted.

Home Phone \_\_\_\_\_

Mother Name \_\_\_\_\_ Mom's Work # \_\_\_\_\_ Mom's Cell \_\_\_\_\_ Email \_\_\_\_\_

Father Name \_\_\_\_\_ Dad's Work \_\_\_\_\_ Dad's Cell \_\_\_\_\_ Email: \_\_\_\_\_