

Summer Camp

Lower Gwynedd Township Building
P. O. Box 625, Spring House, PA 19477-625
www.lowergwynedd.org 215-646-5302

Camp to be held at Penllyn Woods, limited space per week.
When registering you must indicate what weeks you are registering.

Weeks will be cancelled if the minimum enrollment is not met

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:

Weekly Rate Option

- \$ 175 first resident child per week
- \$ 150 for each additional resident child per week
- \$ 225 first non-resident child per week
- \$ 200 for each additional non-resident child per week

Select the Weeks your child will be attending

- June 17 - June 21
- June 24 – June 29
- July 1-3 – July 5
(no camp July 3-4)
- July 8 – July 12
- July 15 – July 19
- July 22 – July 26
- July 29 – August 2
- August 5 – August 9

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 As of Summer
1. _____				
2. _____				
3. _____				

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 or Guardian 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 administered 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 or Guardian 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 or Guardian Signature _____ Date _____

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