

Camp Registration Form

We are accepting registration for boys coming out of grades 1-6

The following are the weeks of camp:

Week 1: July 18 – July 22

Week 2: July 25 – July 29

Week 3: August 1 – August 5

Week 4: August 8 – August 12

Week 5: August 15 – August 19

Camp hours are 9:30_{AM} - 3:45_{PM} and Fri 9:30_{AM} - 2:00_{PM}.

Camper Information:

Name _____ School _____ Grade Completed ____
Date of Birth ____ / ____ / ____ Weeks attending 1 2 3 4 5 Shirt Size S M L (see below)
(please circle) (please circle)

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Date of Birth ____ / ____ / ____ Weeks attending 1 2 3 4 5 Shirt Size S M L (see below)
(please circle) (please circle)

Name _____ School _____ Grade Completed ____
Date of Birth ____ / ____ / ____ Weeks attending 1 2 3 4 5 Shirt Size S M L (see below)
(please circle) (please circle)

Family Information:

Last Name: _____
Summer address of camper(s) _____
City _____ State ____ Zip Code _____

Father's name _____
Street Address _____
City _____ State ____ Zip Code _____ Home Phone _____
Cell phone _____ E-mail _____

Mother's name _____
Street Address _____
City _____ State ____ Zip Code _____ Home Phone _____
Cell phone _____ E-mail _____

Emergency Contact Information:

Emergency Contact #1

Name _____ Home Phone _____

Cell Phone _____ Email _____

Relation to child(ren) _____

Emergency Contact #2

Name _____ Home Phone _____

Cell Phone _____ Email _____

Relation to child(ren) _____

Medical Release Information:

Primary Physician _____

Address _____

Phone _____

(Please fill out separately for each child)

Childs Name _____

Is your child allergic to any type of food? Yes___ No___

If yes, explain: _____

Does your child have any medical conditions that we should be aware of? Yes___ No___

If yes, please explain: _____

Childs Name _____

Is your child allergic to any type of food? Yes___ No___

If yes, explain: _____

Does your child have any medical conditions that we should be aware of? Yes___ No___

If yes, please explain: _____

Childs Name _____

Is your child allergic to any type of food? Yes___ No___

If yes, explain: _____

Does your child have any medical conditions that we should be aware of? Yes___ No___

If yes, please explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Waiver:

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Signature _____ Date _____

I understand that Camp CK will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Signature _____ Date _____

I hereby give permission for the transportation of my child for official Camp CK activities.

Parent's/Guardian's Signature _____ Date _____

General Fees and Information: (please read carefully)

◆Camp fee:

Junior Division: Boys coming out of grades 1 and 2

\$140 per week/ \$130 per week for 5 weeks

Senior Division: Boys coming out of grades 3-6

\$150 per week/ \$140 per week for 5 weeks

(THERE ARE NO PARTIAL WEEKS!)

◆All registrations are final. There are no refunds available.

◆To ensure your child's slot please make sure all payments are in by July 11.

◆All trips during camp hours are included in the price of \$150 per week. However, there will be voluntary night activities which will be an additional fee.

◆Due to safety on trips all campers must have a Camp CK shirt; they are being sold for \$5.

◆Snacks and drinks will be provided. Please send lunch for your son(s). Please be aware that Camp CK is a nut free facility.

◆All items left in camp after by August 19 will be considered heffer.

◆Make checks payable to: Camp CK

Mail to: Camp CK

3673 Severn Rd

Cleveland OH, 44118

We look forward to spending an enjoyable summer with your child in Camp CK!!