



**Lower Providence Township  
Department of Parks & Recreation  
Camp Perkiomy 2010**

<b>Camp Site</b> (Please Check One)	
Arrowhead.....	<input type="checkbox"/>
Audubon.....	<input type="checkbox"/>
Eagleville .....	<input type="checkbox"/>
<b>Grade</b> (As Of Sept. 2010)	
Grade.....	___

**Registration Form** (Please Print)

Child's Full Name: \_\_\_\_\_ Male  Female  Shirt Size: Youth - S M L XL  
Adult - S M L XL

Date of Birth: \_\_\_\_\_ Age as of 6/21/10: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**1) Parent or Guardian Information**

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Work #: \_\_\_\_\_  
  
Primary Email Address: \_\_\_\_\_

**2) Parent or Guardian Information**

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Work #: \_\_\_\_\_  
  
Primary Email Address: \_\_\_\_\_

**It is mandatory that an email address is provided by parent/guardian**

**Emergency Contacts**

Please provide the primary contact in case of an emergency.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list 2 people who may be contacted in the event of an emergency if the primary emergency contact cannot be reached.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Health Information**

Please list any health issues, which may limit your child's activities. (This includes medication taken, allergies, asthma, etc.)

\_\_\_\_\_  
\_\_\_\_\_

I understand that I shall be notified if a health problem occurs. However if I cannot be reached by telephone, or my child is in a medical crisis and requires immediate care, I authorize a representative of Lower Providence Township to obtain any and all medical treatment to be performed as deemed necessary by licensed medical personnel, including emergency medical personnel, ambulance personnel and hospital doctors and nurses.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Field Trip Authorization**

The child named on this application has my permission to attend the scheduled field trips, which are organized and sponsored by the Lower Providence Township Camp Perkiomy Program. I understand that I will be notified in advance of all field trips, which may require additional fees, or arrangements, which may arise as a result of the Camp Perkiomy schedule. Additionally, I understand that transportation to and from the destinations will be by bus and if I do not wish my child to participate in any of the scheduled field trips, I may not bring my child to camp.

**Parent Handbook**

I have received a copy of the Lower Providence Township Camp Perkiomy Parent Handbook, which outlines the policies and procedures, code of conduct, disciplinary procedures and other information concerning the program.

**Release of Liability**

In consideration of the services and facilities provided by Lower Providence Township, Methacton School District and/or its employees, agents, sponsors and officers, I hereby release and forever discharge the aforementioned from any and all liability arising out of my child's participation in the program. I am fully aware of the risks inherent to this activity and should not allow my child to participate unless medically able. I assume all risks associated with this activity. I agree that photographs, videotapes, recordings, or any other reproduction of my child's image may be used for the purpose of promoting programs operated or sponsored by Lower Providence Township. I hereby grant Lower Providence permission to use such images in any media now or hereafter known for any legitimate purpose, and to use my name in connection therewith if Lower Providence Township so chooses.

I have read and fully understand that these terms are contractual and not a mere recital and sign it voluntarily.

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Camp registration will be based on a first-come basis. Mail in registration will be accepted. Additional registration forms are available on our website at [www.lowerprovidence.org](http://www.lowerprovidence.org), or you may register on-line. All forms must be filled out completely, and checks made payable to Lower Providence Township, must be included for your registration to be honored. Space is limited. Camp T-shirts and Field Trip Calendars will be provided on the first day of camp.

**\*\* NO REFUNDS \*\***

**There is a no refund policy for Camp Perkiomy, unless cancellation for camp is given IN WRITING 15 DAYS PRIOR TO THE START DATE OF CAMP. All Camp Perkiomy cancellations are subject to a \$60 processing fee.**

*Register online at [www.lowerprovidence.org/parks\\_recreation.htm](http://www.lowerprovidence.org/parks_recreation.htm)*

**◆ Payment Options ◆**

CASH - check here: \_\_\_\_\_

MONEY ORDER - check here: \_\_\_\_\_

CHECK - list #: \_\_\_\_\_

CREDIT CARD - please circle: Visa or MasterCard

BILLING ADDRESS: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Month & Year: \_\_\_\_\_ CVV #: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**MAIL PAYMENT & REGISTRATION TO:  
Lower Providence Township, Parks & Recreation Department 100 Parklane Drive, Eagleville, PA 19403  
610-635-3543**