



2018 Camp Crown Registration Form

Child's Age _____

Child's Name _____

All-Inclusive Rate - \$189/weekly (includes field trips, swimming, and lunch daily)

Basic Rate - \$159/weekly

Please initial the weeks your child will attend at the All-Inclusive Rate or the Basic Rate

Week	Date	Theme	Field Trip	Initial	Initial
				All-Inclusive \$189	Basic \$159
1	June 4-8	School's Out	Salisbury Zoo		
2	June 11-15	Getting Ready for Summer	CoCo's Fun House		
3	June 18-22	Rollin' into SUMMER	Bowling		
4	June 25-29	Outdoors on Delmarva	Assateague Adventure		
			Vessey Farms		
5	July 2-6	Party in the USA	Chesapeake Bay Farms		
6	July 9-13	Crown Summer Olympics	Ice Skating		
7	July 16-20	Disney World & Mousin' Around	Movies		
8	July 23-27	Wet and Wild	Frontier Town Water Park		
9	July 30 – August 3	Career Week	Firehouse Tour		
10	August 6-10	Exploring Arts	Delmarva Discovery Center		
11	August 13-17	Down by the Sea	Duckaneer Pirate Ship		
12	August 20-24	Wild, Wild, West	Frontier Town Western Park		
13	August 27-31	End of Summer Bash	Jolly Rogers Water Park		



Ala-Carte Items:

Can be added to Basic Package for additional cost

Field Trip: price varies by week

Week	Date:	Theme:	Field Trip - Price Varies	Price	Initial here
1	June 4-8	School's Out	Salisbury Zoo	\$10	
2	June 11-15	Getting Ready for Summer	CoCo's Fun House	\$12	
3	June 18-22	Rollin' into SUMMER	Bowling	\$15	
4	June 25-29	Outdoors on Delmarva	Assateague Adventure	\$25	
			Vessey Farms	\$12	
5	July 2-6	Party in the USA	Chesapeake Bay Farms	\$13	
6	July 9-13	Crown Summer Olympics	Ice Skating	\$20	
7	July 16-20	Disney World & Mousin' Around	Movies	\$8	
8	July 23-27	Wet and Wild	Frontier Town Water Park	\$25	
9	July 30 – August 3	Career Week	Firehouse Tour	\$5	
10	August 6-10	Exploring Arts	Delmarva Discovery Center	\$20	
11	August 13-17	Down by the Sea	Duckaneer Pirate Ship	\$25	
12	August 20-24	Wild, Wild, West	Frontier Town Western Park	\$20	
13	August 27-31	End of Summer Bash	Jolly Rogers Water Park	\$30	

Swimming - \$10/week

Week	Date	Initial here
1	n/a	n/a
2	n/a	n/a
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		



Registration

Child's Name _____ Date of Birth _____

Address _____ Age when camp begins _____

Address _____ Home Phone _____

Cost: \$159 a week (basic tuition) or \$189 (all-inclusive tuition)

Payment will be due for the selected weeks, whether your child attends or does not attend.

There is a \$35 fee to cancel, change, switch and/or swap any registered week.

Payment Policy: Tuition payments are due Monday the week your camper is attending.

* Parents are required to participate in a cash management program which will automatically debit the tuition from your credit card.

* Payments returned for uncollected and/or insufficient funds will be assessed a \$35 fee, in addition to your bank charges. We Accept: MasterCard, Discover or Visa

* Payment will be due for the selected weeks whether your child attends or does not attend.

* There is a \$35 fee to cancel, change, switch and/or swap and registered week:

* NO REFUNDS or EXCHANGES for missed Field Trips.

* There will be no financial credit made for absences, illness, suspensions or expulsions

Late Fee: Crown Care closes at 5:30pm. Please make arrangements to pick-up your child on time.

If you are late picking up your child a late fee will be assessed at the rate of one dollar for each minute you are late. This fee will be assessed according to our clocks.

Payment is due when you pick up your child or the morning following the occurrence.

Your child will not be allowed to return to care unless the fee is paid in full.

I grant permission for my child to be transported by Crown via school bus or the Crown Care van for activities including swimming or field trips. I understand that notice of such outings will be posted prior to any trip.

In case of emergency where my child needs to be transported, I give permission for Crown to transport my child to a safe location.

Parent Printed Name _____

Parent Signature _____ Date _____



Family Contact Information

T-Shirt Size:
YXS YS YM YL YXL

Child's Name: _____ Nickname: _____

Gender: _____ Age: _____ Birth Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

School Name: _____

Parent/Guardian Name: _____

(H): _____ (C): _____ (W): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Employer: _____

E-mail: _____

Parent/Guardian Name: _____

(H): _____ (C): _____ (W): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Employer: _____

E-mail: _____

EMERGENCY CONTACT INFORMATION

AUTHORIZED PERSONS TO PICK UP CHILD FROM CAMP CROWN

List at least two contacts not listed above authorized to pick child/ren up from camp or be notified in case of an emergency

	Name of Contact	Relationship to Child	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____

List any person **NOT** authorized to pick up child/ren: _____

*****Copy of Court order must be attached*****



Camper Health History

Child's Name: _____ Age: _____

The following information is required:

1st Emergency Contact

Parent or Legal Guardian: _____
Phone: _____

2nd Emergency Contact

Parent or Legal Guardian: _____
Phone: _____

Child's Physician: _____ Phone: _____

Health Information:

1. Are there any health problems including physical, psychiatric or behavioral problems of which we need to be aware? NO
 YES, Explain _____

2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? NO
 YES, Explain _____

Immunization Information:

For campers who reside **within** the United States, a United States territory, or the District of Columbia:

OR
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For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. State/ territory in which child resides:

1. Country in which child resides:

2. Is this child exempt from any immunizations
 No Yes, list them:

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Parent or Legal Guardian Signature _____

Date _____



Child's Name _____ **Age:** _____

Emergency Treatment Authorization

Please read carefully and sign below. I/we authorize the management and staff of the Crown Sports Center, LLC to act for me in the event of a medical emergency and/or routine medical care of my/our child(ren). I/we grant permission for emergency medical treatment and/or routine medical care by the Crown Sports Center camp staff, rescue squad, private physician and/or hospital or emergency health care facility staff, if Crown feels it necessary or desirable. Any such action is hereby authorized and will be reported to me/us as soon as possible. I/we release, indemnify and hold harmless Crown Sports Center, LLC, its management, agents, staff, volunteers and employees against and from any and all liability and/or from financial responsibility for any expenses so incurred.

Signature of Parent/Guardian _____ **Date** _____

Participation Waiver

Please read carefully and sign below. I/we understand and agree that the Crown Sports Center, LLC shall have no responsibility or liability for injuries which my child may sustain as a result of his/her physical condition or resulting from his/her participation in any activities including but not limited to summer camp (on site and off site for field trips) and athletic activities, sports program, the use of any equipment, the use of our roller skating facility, laser tag, or arcade facility. I expressly acknowledge that such activities have an inherent risk and, on behalf of myself and my heirs, assume the risk for any and all injuries or illness which may result from his/her participation in these activities. I, on behalf of myself and my child, hereby release, indemnify, hold harmless and discharge Crown Sports Center, LLC, Crown Family Entertainment Center LLC, Hearne-Crown LLC its management, agents, staff, volunteers, and employees from any and all claims of injury, illness, death, loss or damage which my child(ren) may suffer as a result of his/her participation in these activities. I agree that the Crown Sports Center, LLC shall not be responsible for personal property lost or stolen while participants are using Crown facilities or participating in Crown activities. I/we give permission to the Crown Sports Center, LLC to use, without limitation or obligation, photographs, film footage, my child's image or voice for purposes of promoting or interpreting Crown programs. I acknowledge the waiver as set forth.

Signature of Parent/Guardian _____ **Date** _____



Sunscreen and Insect Policy

Parent Permission Form

Camp Crown does not provide sunscreen or insect repellent for participants.

- Sunscreen should be applied in the morning before your child arrives at Camp Crown.
- Sunscreen and insect repellent should be provided in the original container only.
- Sunscreen and insect repellent must be clearly labeled with the child's name.
- Sunscreen and insect repellent will be stored in camper's cubby or backpack.
- Please make sure the sunscreen and/or insect repellent you provide has been used previously on your child with no adverse reactions.
- School age students will reapply their own sunscreen before outdoor activities, if needed.
- If your child should require assistance applying sunscreen, you must give permission for a counselor to apply.
- Under No Circumstances are campers allowed to apply sunscreen or insect repellent to another camper.

Child's Name: _____ Age: _____
Please Print

Brand of Sunscreen _____

- I authorize the staff at Camp Crown and/or Crown Sports Center to apply sunscreen to my child.
- Do not apply sunscreen to my child

Signature of Parent/Guardian _____

Date _____



Camp Crown 2018

By signing below, I acknowledge that I have received the Camp Crown/Crown Sports Center, LLC Parent Handbook. I understand and agree to follow the Camp Crown/Crown Sports Center, LLC policies, procedures, terms and conditions listed set forth by Camp Crown/ Crown Sports Center, LLC. I give my permission for my child to participate in all activities.

Child's Name _____

Parent's/Guardian Signature _____

Parent/Guardian printed _____

Date _____



CREDIT CARD AUTHORIZATION FORM

By providing my credit card information and signing this form I, _____, authorize Crown Sports Center, LLC to automatically charge my credit card listed below for all tuition, activities (field trips, swimming), breakfast, lunches, and other fees due for (child's name) _____.

I understand this will occur on Monday morning for the week of camp. If payments are declined your child will not be able to attend and a \$35 NSF fee will be assessed.

Circle One: Visa MasterCard Discover

Card Number: _____

Name printed on Card Exp Date: _____

Authorization Signature: Date: _____



Security PIN

Summer 2018

Camp Crown will be implementing a new check-in/out procedure for all campers. Each family will choose a Security PIN to sign their camper in and out of camp daily. Only one PIN can be assigned to each camper. This PIN should be given to individuals who are permitted to pick up the camper, and no one else.

If you need to have someone other than an authorized pick-up person pick up your camper, you must call to give authorization. You will be asked to give your Security PIN when you call. This person's name will be noted as an authorized pick-up person for that day. Do not give them your Security PIN. They will be asked to present their driver's license upon pick-up and the camper will be signed out by the staff member on duty.

When you sign in your camper at the kiosk, you will be prompted to enter your PIN. Your camper will then be signed into the program in which they are registered for that week. If any balance is due on the account, the system will not permit the camper to be signed in. The same procedure should be followed to sign out the camper at pick-up.

Payment for camp is due on Monday morning of the week that your camper is attending. Automatic payments will be charged early Monday morning. Campers with an outstanding balance when signing in will not be permitted to attend camp until the balance is paid.

Your Security PIN may contain both letters and numbers, **but must begin with a number**. It can be up to 18 characters in length and it is not case sensitive.

Please write your Security PIN here, *must begin with a number*

----- Each child must have a unique PIN

Child's Name _____

Parent's Signature _____