



2019 Camp Crown Weekly Registration Form

Child's Name _____

Child's Age _____

T-shirt Size _____

Sibling of: _____

Rate - \$160 per week

Sibling - \$100 per week.

Must show birth certificate and register the same week to receive sibling rate

Registration Fee: \$50 per camper

Week	Date	Theme	Field Trip	Initial	Initial
				Camp \$160 Initial	Field Trip Cost
1	June 3-7	Shake, Rattle and Roll	Bowling – Eastern Shore Lanes		\$15
2	June 10-14	Wet and Wild	Fishing		\$0
3	June 17-21	Amazing Race	Trooper 4 and Fire House Tour		\$5
4	June 24-28	Mission Impossible	Maui Jacks		\$20
5	July 1-5	Stars and Stripes	Delmarva Discovery		\$15
6	July 8-12	Fear Factor	OC Rocket Ride		\$25
7	July 15-19	Future Follies	Wallops Island		\$10
8	July 22-26	Adventureland	Baltimore Zoo		\$30
9	July 29 – August 2	Raiders of the Lost Artifact	Assateague Exploration		\$10
10	August 5-9	Time Travelers	Frontier Town Western Park		\$20
11	August 12-16	Zombie Apocalypse	Haunted House – Boardwalk		\$15
12	August 19-23	Treasure Hunters	Treasure Golf		\$15
13	August 26-30	Jungle Gym's Tropical Adventure	Frontier Town Water Park		\$25

Field trips are on a first come basis- spots are limited!

By initialing above I, _____, authorize Crown Sports Center, LLC. to charge my credit/ debit card on file for the weekly tuition and field trip for my child named above.

_____ Parent Name

_____ Parent Signature



Registration

Cost: \$160 per week

Sibling rate \$100* per week *birth certificate required and siblings must be registered for the same week

Payment Policy: Tuition payments are due Monday of 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. _____ initial
- * 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 _____ initial
- * Payment will be due for the selected weeks whether your child attends or does not attend _____ initial
- * There is a \$35 fee to cancel, change, switch and/or swap and registered week _____ initial
- * NO REFUNDS or EXCHANGES for missed weeks or Field Trips _____ initial
- * There will be no financial credit made for absences, illness, suspensions or expulsions _____ initial
- * Payment will be due for the selected weeks, whether your child attends or does not attend _____ initial
- * Credit or debit card charge backs are prohibited _____ initial

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 (\$1) 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. _____ initial

Child's Name _____

Parent Printed Name _____

Parent Signature _____ Date _____



Family Contact Information

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



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 _____

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 a race 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** _____

Permission to Transport

Please read carefully and sign below. I grant permission for my child to be transported by Crown via school bus or the Crown Care van for all activities and field trips including swimming. I understand that notice of each outing will be posted prior to any trip.

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

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/ insect repellent should be in the original container only.
- Sunscreen/ insect repellent must be clearly labeled with the child's name.
- Sunscreen/insect repellent will be stored in camper's cubby or backpack.
- Please make sure the sunscreen/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 below, spray sunscreen is recommended.
- Under No Circumstances are campers allowed to apply sunscreen/ insect repellent to another camper.

Child's Name: _____ Age: Please _____
Print

- ┌ 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 2019

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, registration fees, activities (field trips) 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 2019

Camp Crown requires a 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.

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 _____