



POC

2024 Camp Crown Registration Form

ALL-INCLUSIVE (Includes swimming, field trips and snow cones)

Child's Name _____ Age _____ Sibling's Name _____ Age _____

Parent's Name _____ Phone # _____

Weekly Tuition: \$229 (Ages 5-12) \$239 (Age 4) Sibling Rate: \$25/week discount (must be enrolled in the same week)

Cancellation Fee: \$75 per week _____ (initial) Cancellation Fee is applied if a 2 week notice has been given otherwise the full price will be charged.

Do you receive a Childcare Scholarship? _____ (These spots are limited, and they are first-come first-serve) If yes, please attach a copy of your current vouchers, physical form and shot records and there will be additional paperwork required.

Complete this form for each child

Initial each week attending

Week	Date	Themes	Field Trip	Initial each week attending
1	June 3-June 7	Gigantic Games	Salisbury Zoo/Ben's Red Swings	
2	June 10-June 14	Water Water Everywhere	Splish Splash Fun	
3	June 17-June 21	The Biggest Catch	Crabbing & Fishing	
4	June 24-June 28	Organized Chaos	Killens Pond Water Park	
5	July 1-July 5 (Closed Thursday 7/4)	Colorful Creations	Hiking Adventure	
6	July 8-July 12	Fantastic Fabrications	White Water Mountain	
7	July 15-July 19	Twisted Sports	Canoeing	
8	July 22-July 26	Marvelously Messy	Deal Island Beach	
9	July 29-August 2	Make It or Break It	Winter Place Park	
10	August 5-August 9	Money Madness	Jolly Rogers	
11	August 12-August 16	Action & Adventure	Altitude Trampoline Park	
12	August 19-August 23	Choose Your Own Adventure	Assateague Adventures	
13	August 26-August 29 (Closed Friday 8/30)	Endless Summer	Fruitland Park/Picnic	

*All field trips are subject to change without notice

The following items are required and will be charged to your ACH/card on file at time of registration:

Camper Registration Fee: \$50 per camper includes one t-shirt _____ (initial) SIZE _____

Camp Crown Extra T-shirt \$10 _____ (initial) Size: _____

(Camp Crown T-shirts must be worn for swim days and field trips)

We understand that there may be circumstances where Covid/illnesses may prevent your child from attending camp, however, we cannot refund tuition due to illness.

We only accept payments via ACH draft or credit card using Procure/Tuition Express. The Procure form is attached and must be returned at the time of registration. Tuition will be processed on the Friday before your child is registered for Camp Crown. There will be a \$35 NSF fee for any returned payments.



Camp Crown Field Trip Permission Slip

Camp Crown will be attending several field trips throughout the summer. Please sign next to the field trips that your child will be attending to show that you are giving permission for them to attend.

Dates	Trip	Signature
June 3-June 7	Salisbury Zoo/Ben's Red Swings	
June 10-14	Splish Splash Fun @ Crown	
June 17-23	Crabbing & Fishing @ Public Landing	
June 24-28	Killen's Pond Water Park	
July 1-5	Hiking Adventure @ Pemberton Park	
July 8-12	White Water Mountain	
July 15-19	Canoeing @ Shad Landing	
July 22-26	Deal Island Beach (Beach Games)	
July 29-August 2	Winterplace Park	
August 5-9	Jolly Rogers	
August 12-16	Altitude Trampoline Park	
August 19-23	Assateague	
August 26-29	Fruitland Park	

I understand that by signing the spaces above I give my permission for my child to attend the field trip listed. I also understand that he/she will be transported by a qualified staff member in a Crown Care van. All times will be included on the Procure app at the beginning of the week that the field trip is scheduled.

Parent/Guardian Signature _____

Parent/Guardian Printed Name _____

Child's Name _____

Date _____



Camp Crown Lunch Program

This is a program that is completely optional and must be paid prior to camp starting. Please check the boxes for the lunches that you would like provided. Each meal is \$10 and will be taken out the Friday prior to your child beginning camp along with your child's tuition. This means that for each check mark you will be charged \$10 in addition to your regular tuition.

Menu as follows:

Monday-Chicken Tenders, Fries & Lemonade.

Tuesday-Grilled Cheese, Fries & Lemonade

Wednesday-Hot Dog, Fries & Lemonade

Thursday-Cheeseburger, Fries & Lemonade

Friday-Pizza, Fries & Lemonade

Weeks	Monday	Tuesday	Wednesday	Thursday	Friday	Signature
June 3-June 7						
June 10-14						
June 17-21						
June 24-28						
July 1-5						
July 8-12						
July 15-19						
July 22-26						
July 29-August 2						
August 5-9						
August 12-16						
August 19-23						
August 26-29						

*These meals cannot be altered due to allergies or dietary restrictions.



Swimming Permission Slip Form

Camp Crown will be swimming at The Salvation Army Youth Club pool located at 429 Northlake Park Drive Salisbury, MD. Swim dates will be as follows: June 18, June 25, July 2, July 9, July 16, July 23, July 30, August 6, August 13, August 20, and August 27. The children will be driven to and from the pool by a qualified staff member. We will leave Crown at 11:00am and return to Crown by 4:30pm. Please make sure that your child wears their swim clothes and brings a towel, sunscreen and a change of clothes.

Please check one of the following letting us know how deep you would like your child to swim:

_____ I give my permission for my child to swim in water that is up to two feet.

_____ I give my permission for my child to swim in water that is up to three feet.

_____ I give my child permission to swim in water over his/her chest (Your child must pass a swim test to swim over his/her chest which will be given by a lifeguard at the swimming pool)

*Vest floats will be allowed.

*All children must be dressed in swim clothing because the pool rules prohibit children from entering the pool in regular shorts and tops. If you would like your child to be able to swim in a shirt, then the shirt must be made specifically for swimming.

I, _____, give my permission for my child, _____, to attend the trips to the pool on the dates listed above. I understand that he/she will be transported to and from the swimming pool by a qualified driver in a Crown Care van.

Parent/Guardian Signature _____

Parent/Guardian Printed Name _____

Child's Name _____

Date _____



Family Contact Information

Child's Name: _____ Nickname: _____

Gender: Male Female Age: _____ Birthday: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

School Name: _____

Parent/ Guardian Name: _____ Child Lives With: Yes or No

Home Address: _____

City: _____ State: _____ Zip Code: _____

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

E-mail: _____

Employer: _____

Parent/ Guardian Name: _____ Child Lives With: Yes or No

Home Address: _____

City: _____ State: _____ Zip Code: _____

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

E-mail: _____

Employer: _____

**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 which we need to be aware of? NO YES
If 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
If YES, Explain: _____

3. Does your child require an asthma inhaler or EpiPen? NO YES
If YES, Explain: _____

Immunization Information:

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

1. State/ Territory in which child resides:

2. Is this child exempt from any immunizations? NO YES
If YES, list them: _____

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

1. State/ Territory in which child resides:

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

OR



Parent or Legal Guardian Signature: _____ Date: _____

Child's Name _____



Emergency Treatment Authorization

Please read carefully and sign below. I authorize the management and staff of Crown Center, LLC to act for me in the event of a ~~mal~~ emergency and/ or routine medical care of my/ our child(ren). I/ we grant permission for emergency medical treatment and/or routine medical care for my/our child(ren) by Crown Center, LLC, including any of its members, officers, principles, representatives, managers, staff, contractors, employees and/or volunteers, a paramedic rescue squad and/or a private physician(s), as may be deemed necessary and/or appropriate. Any such action is hereby authorized by me/us and will be reported to me/us as soon as possible. By signing this Emergency Treatment Authorization Form, I/we expressly acknowledge and agree that I/we release, indemnify and hold harmless Crown Center, LLC, and its members , officers, principles, insurers, representative, management, contractors, agents, staff, volunteers and employees, from and against any and all liability whatsoever, including any and all financial responsibility for expenses which may be incurred by me/us for, as result of or in connection with any such emergency medical treatment and/or routine medical care provided for my/our child(ren) as authorized herein.

Signature of Parent/Guardian _____ Date _____

Participation Waiver

Please read carefully and sign below. I/we understand and agree that Crown Center, LLC shall have no responsibility or liability for any reason whatsoever 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 (collectively “Activities”). I expressly acknowledge and affirm that each of the Activities has an inherent risk of injury, and, in accordance with such acknowledgment and affirmation, I, on behalf of myself, my representative(s), successor(s), heir(s) and assign(s), hereby expressly assume the risk of any and all injuries or illness, of any type, kind or extent whatsoever, which may arise from, relate to or be in connection with my child’s participation in any of the Activities. Furthermore, I, on behalf of myself, my representative(s), successor(s), heir(s) and assign(s), and on behalf of my child hereby expressly waive, release, indemnify, hold harmless and discharge Crown Center, LLC and Devreco, LLC, including each and every member , officer, principle, insurer, representative, manager, contractor, agent, staff, volunteer and employee of Crown Center, LLC and/or Devreco, LLC, of and from each and every claim of injury, illness, death, loss, or damage, of any type, kind or extent whatsoever, which my child(ren) may suffer as a result of or in connection with my child(ren)’s participation in the Activities. By my execution of this Participation Waiver, I hereby expressly acknowledge and agree that neither Crown Center, LLC nor Devreco LLC, nor any member, officer, principle, insurer, representative, manager, contractor, agent, staff, volunteer or employee of Crown Center, LLC and/or Devreco, LLC, shall be responsible, in any way whatsoever, for personal property lost or stolen while participants are using Crown facilities or participating in Crown activities. I/ We give our express and irrevocable permission to Crown Center, LLC to use, without limitation or obligation, photographs and/or film or digital footage of my child(ren)’s image, likeness and/or voice for purposes of promoting, interpreting and marketing programs operated, conducted, managed, administered and/or overseen by Crown Center, LLC. By my execution of this Participation Waiver, I expressly acknowledge and agree to this Participation Waiver and all its terms.

Signature of Parent/Guardian _____ Date _____

Permission to Transport

Please read carefully and sign below. I/ we grant permission for my child(ren) to be transported by Crown Center, LLC, via school bus, van, or other motor vehicle, owned or leased for the operation(s) of Crown Center, LLC, for all activities and field trips including swimming. I understand that notice of each outing will be posted prior to any such trip. In the event of an emergency where my child needs to be transported, I give Crown Center, LLC 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 classroom.
- 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 below.
- Please make sure that you purchase clear spray sunscreen.
- Under No Circumstances are campers allowed to apply sunscreen/ insect repellent to another camper.

Child's Name: _____ Age: _____

- I authorize the staff at Camp Crown/Crown Center, LLC to apply sunscreen to my child (spraying the clear sunscreen).
- Do not apply sunscreen to my child. This means that you do not want counselors to help with the application of sunscreen at all.

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



Photo Permission

I give my permission for Camp Crown/Crown Center LLC to use my child's picture on their social media pages and in advertisements and brochures used for the purpose of promoting Camp Crown/Crown Center LLC. By signing below, I acknowledge that I have read and understand these permissions.

Child's Name _____

Signature of Parent/Guardian _____

Date _____

Camp Crown 2024

By signing below, I hereby expressly acknowledge and affirm: that I have received the Camp Crown/Crown Center, LLC Parent Handbook; that I understand and agree to follow the Camp Crown/Crown Center, LLC policies, procedures, terms and conditions as established, from time to time, by Camp Crown/Crown Center, LLC; and, that I give my permission for my child to participate in all activities provided as a part of the Camp Crown program operated by Crown Center, LLC.

Child's Name _____

Parent's/Guardian Signature _____

Parent/Guardian printed _____

Date _____

Child's Name _____ Email Address: _____

Automated Payment Processing



Safe. Convenient. Easy.

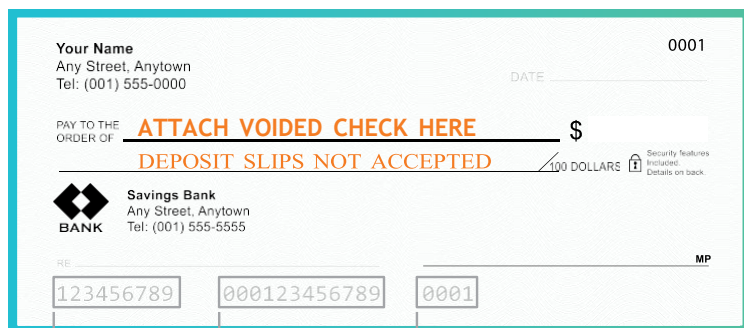
We are excited to offer the safety, convenience, and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize The Crown Center to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY			
SECTION A (Credit Card) By using a credit card, a 3% will be charged to your account.			
Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		
SECTION B (Bank Account/ACH draft)			
Your Name	Phone #		
Address	City	State	Zip
Bank or Credit Union Name	Bank or Credit Union Address	City	State Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Authorized Signature	Date		

A \$35.00 NSF fee will be charged for any returned payments.



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