



Hours of Operation:

Week 3/16 – 3/20 6:30am – 6:00pm

Week 3/23 – 3/27 6:30am – 6:00pm

Not Enrolled:

Full Time Care

Cost:
\$150/ week

Please Initial
Wk 3/16

Please Initial
Wk 3/23

Please Sign Up for One of the Following:

Currently Enrolled in:

Before Care
Before Care w/ transportation
After Care
After w/ transportation
Before AND After Care
Before AND After Care w/ transportation

Weekly Tuition:

\$55
\$80
\$60
\$85
\$90
\$135

Add'l Cost:

\$95
\$70
\$90
\$65
\$50
\$5

Please Initial
Wk 3/16

Please Initial
Wk 3/23

Please Sign Up for One of the Following:

Currently, we are not offering part time enrollment or extending a sibling discount.



Registration

Payment Policy: Tuition payments are due Monday of the week your child 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 days _____initial
- * There will be no financial credit made for absences, illness, suspensions or expulsions _____initial
- * Credit or debit card charge backs are prohibited _____initial

Late Fee: Crown closes at 6:00pm.

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:

1. State/ territory in which child resides:

OR

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

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 Crown Sports Center, LLC to act for me in the event of a medical emergency and/ or routine medical care of my/ your child(ren). I/ we grant permission for emergency medical treatment and/or routine medical care by the Crown Sports Center staff, rescue squad, private physician and/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 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 of 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 and 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/ we grant permission for my child(ren) to be transported by Crown via school bus of 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 _____



Crown 2020

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 care. 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: _____