



Childs Name: \_\_\_\_\_

Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

**Registration**

- By registering my child for camp I understand this contract is from June 8, 2020 – August 31, 2020. (Camp Crown will be closed on Friday, July 3, 2020 and Friday, September 4, 2020 to observe the 4<sup>th</sup> of the July and Labor Day Holiday)
- Registration Fee: \$50.00

**Tuition**

- Weekly Tuition is \$169 per camper. Unfortunately, we cannot offer part-time or sibling discount rates at this time due to the limited number of spots available.
- Weekly Tuition payments will be automatically deducted, using the card provided in this packet, on Monday mornings for the week of camp.

**Lunch & Water Bottles**

- Children should bring a water bottle each day labeled with their name.
- Lunches should have ice packs to keep them cool. Please do not pack lunches that need to be warmed up.

**Supplies**

To reduce sharing of supplies – we are asking each camper to bring in the following items labeled with their names:

- |                        |                                     |
|------------------------|-------------------------------------|
| • Sunscreen            | • Crayons/ Markers/ Colored Pencils |
| • Bug Spray            | • Scissors                          |
| • Hand Sanitizer       | • Paint Brush                       |
| • Glue Bottle (liquid) | • Pencil Box/ Carrier               |

**Clothing**

As of now, per the governor’s orders, the majority of our camp will be held outdoors. Please bring a change of clothes to keep at Crown. NO open toe shoes are permitted.

**Field Trips**

Field Trips will be decided on a weekly basis. We are pursuing alternative field trips that would be conducive to current restrictions. All field trips will be billed separately.

**COVID-19 Screening**

- Parents are required to wear a mask while dropping off & picking up campers.
- Campers will have a temperature check each morning upon arrival, at lunch and dismissal.
- Parents will be asked if the child or themselves have any signs or symptoms of COVID-19.

**Drop Off Time & Procedures**

- What is your preferred drop off time? (please circle one) You will be notified of your drop off time and your child’s counselor.

6:30am	7:30am	8:00am	8:30am	9:00am
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- All campers must arrive by 9am.
- There will be a drop off line at the front entrance of Crown Sports Center. A staff member will meet you at your car and perform COVID-19 screening.

By signing below, I agree to all the terms and conditions above and throughout this packet.

\_\_\_\_\_  
Parent/ Guardian Name Printed

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

\_\_\_\_\_  
Date:



## Registration

**Cost:** \$169 per week

**Payment Policy:** Registration fee is due when registering for summer camp. 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:

1<sup>st</sup> Emergency Contact

Parent or Legal Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

2<sup>nd</sup> 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 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** \_\_\_\_\_



**Camp 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 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:                      \_\_\_\_\_