



Camp Crown Hours:
 Before Care: 6:30a – 9:00a
 Camp: 9:00a – 3:30p
 After Care: 3:30p – 5:30p

2021 Camp Crown Registration Form
ALL-INCLUSIVE PACKAGE (Includes swimming, field trips & Snowie's)

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

Weekly Tuition: All-Inclusive - \$189 **Sibling Discount: \$145** (must be enrolled for the same week AND for the All-Inclusive package)

Sibling of: _____

Cancellation/ Change Fee: \$35 per week _____ (initial)

<u>Week</u>	<u>Date</u>	<u>Theme</u>	<u>Field Trip</u> **ALL FIELD TRIPS ARE SUBJECT TO CHANGE**	Initial All-Inclusive \$189
1	June 7 – June 11	Merlin's Mystical & Magical Creatures	Salisbury Zoo	
2	June 14 – June 18	Splish Splashin' Summer	Water Slides @ Crown	
3	June 21 – June 25	Carnival Eats, Treats & Competes	Killens Pond	
4	June 28 – July 2	Life Size Board Games	Bowling	
5	July 6 – July 9 CLOSED MONDAY JULY 5 TH	Lights, Camera, HOLLYWOOD!	Pemberton Park – Making A Movie	
6	July 12 – July 16	Crushing Fear and Busting Myths w/ Dr. Von Too Tree	Frontier Town Water Park	
7	July 19 – July 23	Globe Trotting	Shad Landing	
8	July 26 – July 30	Castaway Survival Skills featuring Wilson	The Cove	
9	August 2 – August 6	Super Hero Ninja Warrior	Jolly Rogers Water Park	
10	August 9 – August 13	Amazon Adventures starring Safari Sam	Frontier Town Western Theme Park	
11	August 16 – August 20	Edible Engineering	Sweet Fog	
12	August 23 – August 27	Outlandish Oddball Olympics	Maui Jacks	
13	August 30 – September 2 CLOSED FRIDAY SEPTEMBER 3 RD	Splashtastic! Summer Wrap Up	Cookout – Fruitland Park	

The following items are required and will be charged to your card on file:

Tee-Shirt: \$20 _____ (initial) Size: _____

Lanyard & ID: \$10 _____ (initial)

Camper Registration Fee: \$50 per Camper _____ (initial)

**You may not switch between
All- Inclusive & Basic Packages**



Family Contact Information

Child's Name: _____ Nickname: _____

Gender: Male Female Age: _____ Birthday: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

School Name: _____

Parent/ Guardian Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

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

Employer: _____

E-mail: _____

Parent/ Guardian Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

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

Employer: _____

E-mail: _____

EMERGENCY CONTACT INFORMATION

AUTHORIZED PERSONS TO PICK UP CHILD FROM CAMP CROWN

List **at least two** contacts not listed above authorized above 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: _____

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/we authorize the management and staff of Crown 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 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 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: _____

- I authorize the staff at Camp Crown/Crown Center, LLC to apply sunscreen to my child.
- Do not apply sunscreen to my child

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



Camp Crown 2021

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 _____



CREDIT CARD AUTHORIZATION FORM

By providing my credit card information below and executing this Credit Card Authorization Form

I, _____, expressly authorize Crown 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 automatic charge to my credit card will occur on Monday morning for the week of camp. If my credit card payment is declined, I understand and agree my child will not be able to attend Camp Crown and a \$35 NSF fee will be assessed to me for payment to Crown Center, LLC.

Circle One:

Visa

MasterCard

Discover

Card Number: _____ Exp. Date: _____

Name printed on card: _____

Authorization Signature: _____ Date: _____