



2022 Camp Crown Registration Form
ALL-INCLUSIVE (Includes swimming, field trips and Snowie's)

Child's Name _____ Age _____

Weekly Tuition: \$180 Sibling Rate: \$170 (must be enrolled for the same week)

Sibling's Name: _____

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

Cancellation must be done at least 2 weeks prior or full price will be charged.

Complete this form for each child

Week	Date	Theme	Field Trip	Initial each week attending
1	June 6-June 10	Blowing Off Steam	Salisbury Zoo	
2	June 13-June 17	Waterpalooza	Water Slides @ Crown	
3	June 20-June 24	Futuristic Fun	Killens Pond	
4	June 27-July 1	Mysteries Unfold	Altitude	
5	July 5-July 8 (Closed Monday 7/4)	Colorful Picassos	Park Hop/	
6	July 11-July 15	Days To Remember	Frontier Town Water Park	
7	July 18-July 22	Wildest Adventures	Shad Landing	
8	July 25-July 29	Figure it Out	Nanticoke Harbor/The Cove	
9	August 1-August 5	Powerhouse Science	Jolly Rogers	
10	August 8-August 12	Ultimate Survivor	Assateague	
11	August 15-August 19	Edible Engineering	Sweet Frogs	
12	August 22-August 26	Adventures Unlimited	Maui Jacks	
13	August 29-September 1 (Closed Friday 9/2)	Floods of Fun	Water Slides & Cookout	

*all field trips are subject to change without notice

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

Camper Registration Fee: \$30 per camper includes 1 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 or Covid-related illnesses may prevent your child from attending camp. If this should occur, please make sure that you are following the latest CDC guidelines. Unfortunately, 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 every Monday for the week the child is registered for Camp Crown. There will be a \$35 NSF fee for any returned payments.



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: _____

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: _____
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 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 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.

Do not apply sunscreen to my child. This means that you do not want counselors to help with the application of sunscreen.

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 _____

Global Play

By signing below, I give my permission for Camp Crown/Crown Center LLC to enroll my child into the Global Play program using the information that I provided on the registration form.

Child's Name _____

Signature of Parent/Guardian _____

Date _____

Camp Crown 2022

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 _____

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		

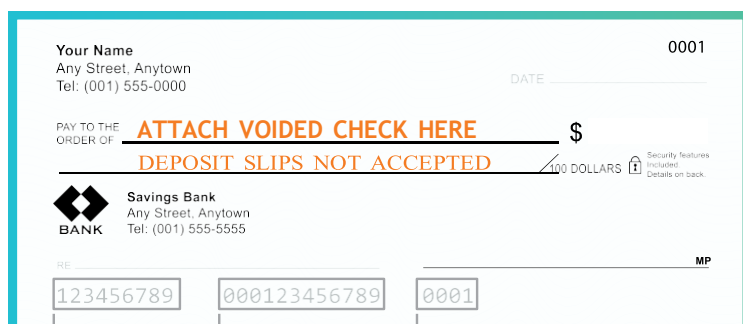
SECTION B (Bank Account/ACH draft)

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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