

Summer Day Camp Registration

CAMPER INFORMATION Please fill out one registration form per child.

NAME (FIRST, LAST) _____

BIRTHDATE _____ MALE FEMALE AGE _____

CAMPER'S SCHOOL _____

CAMPER LIVES WITH (CUSTODIAL PARENT) _____

WATER SAFE MY CHILD IS WATER SAFE MY CHILD IS **NOT** WATER SAFE

T-SHIRT SIZE YOUTH SMALL YOUTH MEDIUM YOUTH LARGE YOUTH XLARGE
 ADULT SMALL ADULT MEDIUM ADULT LARGE ADULT XLARGE

HOUSEHOLD ETHNICITY AFRICAN-AMERICAN ASIAN/PACIFIC ISLANDER HISPANIC/LATINO NATIVE AMERICAN
 MULTI-RACIAL WHITE/CAUCASIAN DECLINE TO STATE OTHER _____

PARENT(S) INFORMATION

NAME (A) _____

NAME (B) _____

EMAIL _____

PRIMARY PHONE _____ WORK PHONE _____

CELL PHONE (A) _____ CELL PHONE (B) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOW DID YOU FIRST HEAR ABOUT KROC DAY CAMP?

- AT THE KROC CENTER COMMUNITY EVENT KROC/PHOENIX.ORG FAMILY/FRIEND PEACH JAR/SCHOOL FLYER
 DIRECT MAIL FACEBOOK/INSTAGRAM GOOGLE TV/RADIO OTHER _____

ACKNOWLEDGEMENT OF RJKCC CAMP BEHAVIORAL POLICIES & PHOTO RELEASE

I hereby irrevocably grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission, and consent to use and reuse, disseminate, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication or media, my name, signature and likeness, and any portraits, pictures, photographic prints or other representations of me, or in which I may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with my name or a fictitious name, or the name of another person, with or without any statements or testimonials made by me, or authorized by me which you may, in your discretion, prepare for use connection therewith. I warrant that I have not limited or restricted the use of my name or photograph to the use of any organization or person.

I hereby grant unrestricted use of video, audio tracks, or text by The Salvation Army for such purposes as The Salvation Army may deem appropriate. I hereby release and discharge The Salvation Army, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including any claims for defamation, invasion of privacy or violation of any statutory right.

Camper safety is our top priority. Campers are expected to follow the camp contract by keeping hands and feet to themselves, listening to all instructions and staying with the group. I understand that if my child does not adhere to these expectations disciplinary consequences will occur. Repeat or more serious acts such as fighting, theft, and possession of weapons/ drugs will result in immediate suspension or expulsion, necessitating removal from camp. I or an authorized adult is responsible for picking him/ her up immediately.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

ASSUMPTION OF RISK & LIABILITY WAIVER

Parent/Legal Guardian is required to sign authorization and waiver below to acknowledge understanding and agreement of the content.

In a condition of the participation of my child in The Salvation Army's Day Camp program at the Ray and Joan Kroc Corps Community Center, I agree, on behalf of myself and my child, to make no claims or file any lawsuits against The Salvation Army or any of its agents or employees or volunteers for any loss or damage to my child's personal property or for any injury to my child. To the maximum extent permitted by law, this liability waiver will apply regardless of whether the injury or damage was caused by the negligent act or omission of The Salvation Army or anyone acting on its behalf. I further agree to defend, indemnify and hold harmless The Salvation Army its agents, employees and volunteers against liability for any claims, lawsuit, losses, damages or expenses arising out of any personal injury or property damage caused by my child in connection with his participation in Day Camp.

I do hereby authorize The Salvation Army Ray and Joan Kroc Corps Community Center as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general Arizona Medical Practice Act by the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that The Salvation Army Ray and Joan Kroc Corps Community Center is not responsible for the cost incurred for medical care.

I HAVE CAREFULLY READ THIS LIABILITY WAIVER AND FULLY UNDERSTAND AND AGREE TO ITS CONTENTS. I AM AWARE THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE SALVATION ARMY.

PARENT OR LEGAL GUARDIAN'S NAME (PRINTED) _____

SIGNATURE _____

DATE _____



THE SALVATION ARMY RAY & JOAN
KROC CORPS
COMMUNITY CENTER
PHOENIX SOUTH MOUNTAIN

HELP A CHILD GO TO CAMP

Help a deserving low-income individual in the community reach their potential by donating an amount of your choice to The Salvation Army Kroc Center Scholarship Program. This donation is tax-deductible.

YES, I WOULD LIKE TO HELP. I WOULD LIKE TO MAKE A DONATION OF

\$ _____ ONE-TIME GIFT

\$5 \$10 \$25 OTHER _____

\$ _____ MONTHLY RECURRING GIFT

\$5 \$10 \$25 OTHER _____

NO, I DO NOT WANT TO PARTICIPATE AT THIS TIME.

DAY CAMP CANCELLATION/TRANSFER POLICY:

A \$25 non-refundable deposit reserves a week. Deposits may not be transferred to future sessions. Balance of fees is due one week prior to the session or you will forfeit the registration and deposit. Enrollment may be reinstated based on space availability. No cash or credit card refunds will be issued unless a Day Camp session is cancelled by the Kroc Center. Cancellation credits will be issued via a Kroc Center Gift Card. Cancellation at least one week prior to the start of the camp session: full credit on a Kroc Center Gift Card toward Kroc Center programs minus the \$25 non-refundable deposit. Cancellation less than one week prior to the start of the camp session: no credit will be issued. No prorated credits will be issued for partial attendance at a camp session or missed days due to illness, behavioral issues, or any other reason. Summer Day Camp Sign-Up Spectacular discounted fees are non-transferable. Credit/Transfer applications are available at the Day Camp Office. By signing this form, I affirm that I understand the previously listed payment/cancellation policies.

WEEK	DATE	CAMP (FOR KROC ADVENTURES: LIST AGE GROUP)	EXT. CARE (\$20)
1	MAY 27-31		<input type="radio"/> YES
2	JUN 3-7		<input type="radio"/> YES
3	JUN 10-14		<input type="radio"/> YES
4	JUN 17-21		<input type="radio"/> YES
5	JUN 24-28		<input type="radio"/> YES
6	JUL 1-3, 5		<input type="radio"/> YES
7	JUL 8-12		<input type="radio"/> YES
8	JUL 15-19		<input type="radio"/> YES
9	JUL 22-26		<input type="radio"/> YES
10	JUL 29-AUG 2		<input type="radio"/> YES



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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