

# DAYS OF KNIGHTS DAY CAMP REGISTRATION FORM

## PART A: CAMPER INFO

Camper First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Birth Date D/M/YY \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
Camper resides with \_\_\_\_\_

## PART B: FAMILY/GUARDIAN INFORMATION

Home Phone \_\_\_\_\_  
Cell \_\_\_\_\_  
Email \_\_\_\_\_  
Parent 1 First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ -  
Parent 2 First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ state \_\_\_\_\_ Postal Code \_\_\_\_\_

## PART C: ADULT EMERGENCY & AUTHORIZED PICK UP CONTACT INFORMATION

A minimum of 2 other adult emergency contacts are required.  
Only the adults listed below & Family Guardian will be allowed to pick up camper.

1. First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Relationship to Camper \_\_\_\_\_
- 2 First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Relationship to Camper \_\_\_\_\_

## PART D: FEES

Please include \$50 per day per camper and indicate day or days you plan to attend...dates are 1st come 1st served and if a chosen date is filled up you will be contacted to substitute another date.....NO REFUNDS....if you need to cancel contact is to choose another date but no refunds will be given.

Check one or more if attending more than one day

\_\_\_ June 1 \_\_\_ June 2 \_\_\_ June 3 \_\_\_ June 4 \_\_\_ June 5  
\_\_\_ June 8 \_\_\_ June 9 \_\_\_ June 10 \_\_\_ June 11 \_\_\_ June 12  
\_\_\_ June 15 \_\_\_ June 16 \_\_\_ June 17 \_\_\_ June 18 \_\_\_ June 19  
\_\_\_ June 22 \_\_\_ June 23 \_\_\_ June 24 \_\_\_ June 25 \_\_\_ June 26

Total \_\_\_ days x \$50.00 per camper per day TOTAL FEES \$ \_\_\_\_\_

**PAYMENT BY PAYPAL ONLY WHICH ALLOWS YOU TO USE CREDIT/DEBIT CARD SECURELY**

**Summer Day Camp Registration Form -----WAIVERS, DISCLAIMERS & CONSENTS**

Medical: Does Camper have special needs, medical conditions or allergies you would like us to know about: YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please list below (specify if your child carries an epi-pen-please ask for a medical form if your child requires daily medication or has severe allergies)

Sunscreen -we do not administer sunscreen parents must administer if child cannot self administer

Photography, Media Release & Waivers: c I do \_\_\_\_\_ I do not \_\_\_\_\_ hereby give Knights of Valour consent to use and reproduce my child's name/image for promotional purposes related to the days of Knights Day Camp future advertising and website use.. My child's first name(unless otherwise authorized)/image may be published or used in newspapers, promotional videos, television commercials, program brochures, posters, on World Wide Web or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by Knights of Valour/GCRF. I release Knights of Valour/GCRF and its agents from any and all claims, of any nature, based on any uses of the above. c I, the parent/guardian of the child named above give permission for such child to participate in the programs and services of the DAYS OF KNIGHTS DAY CAMP, and consent to any necessary first aid or emergency medical treatment being given or provided for the child, waive any claims against Knights of Valour/Shane Adams/GCRF/Steven Melei, the sponsors of said programs, or any of their representatives, employees or volunteers, in respect to any personal injury to such child or to any other person or any loss of or damage to property, arising in any way at, from or in connection with the programs and services of Knights of valour/shane Adams/GCRF/Steven E. Melei. I am providing this waiver on behalf of such child and on behalf of my spouse and any other family members or other persons who might be entitled to assert such a claim as well as on my own behalf.

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

\_\_\_\_\_ print parent name

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

\_\_\_\_\_ print parent name