



Camp KIDS, FUN Camp & Teen Camp 2020

We are changing our Camp KIDS program this summer. There will be **ONE** full week (Mon - Fri) of Camp KIDS. We are adding additional single days of FUN Camp that kids/teens can attend. On these single days, everyone will need to bring their own lunch. We will provide the snacks. There will be 2 days of Teen Camp in which we provide lunch and snacks as usual.

Junior Counselors will be in high demand this summer. The number of kids attending camp will depend on the number of junior counselors sign up for each particular day.

Junior Counselors are asked to attend an Orientation on Wednesday, June 3rd at 7pm.

Name - _____

Circle all that apply: **Camper** 4-12 yrs old or **Junior Counselor** 13+ yrs old

Circle preferred days: All Camps are 9:30am-3:30pm

Week of Camp KIDS July 6-10	<i>CSCGP provides lunch</i>
FUN Camp Tuesday, June 16 (if school out)	Bring lunch
FUN Camp Wednesday, June 17 (if school out)	Bring lunch
FUN Camp Monday, June 22	Bring lunch
FUN Camp Tuesday, June 23	Bring lunch
FUN Camp Wednesday, June 24	Bring lunch
FUN Camp Monday, July 13	Bring lunch
FUN Camp Tuesday, July 14	Bring lunch
FUN Camp Wednesday, July 15	Bring lunch
TEEN Camp Monday, July 20 & Tuesday, July 21	<i>CSCGP provides lunch</i>



Camp KIDS, FUN Camp & TEEN Camp 2020

Campers & Jr Counselors must be a member of CSCGP

Name _____ Grade completed _____

Age _____ T-Shirt Size **S M L XL** Youth or Adult

Email Address _____

Parent/Guardian (s) name _____

Best # _____

Parent/Guardian (s) name _____

Best # _____

If primary contacts can't be reached, please provide an additional contact person.

Name _____ Relationship _____

Best # _____

Continue to next page

Medical Information & Permission Form

List all allergies (food, medicines, other.) - _____

If your child requires a special diet, please explain **Note that CSCGP may not be able to accommodate special diets. Please discuss it with a staff member.**

Please provide medical information pertinent to routine care and emergencies:

Is your child taking prescription or over the counter medication(s)? YES NO

Please note that CSCGP staff/volunteers cannot administer any type of medicine.

If yes, indicate names of medication(s): _____

Does your child have special needs or require special accommodations? YES NO

Please note that due to our limitations CSCGP may not be able to accommodate all needs and may require assistance. Please discuss it with a staff member. If yes, please explain:

Is there anything else that Camp KIDS staff should know about your child?

Continue to next page

Please read each statement below & initial.

____ I give permission for CSCGP to use photographs and videos taken of my child for the general promotion of CSCGP on social media or other outlets. These photos will remain the property of CSCGP and will not be provided to other users or sold for profit. I understand that I have voluntarily allowed photographs and video to be taken, and that I will receive no payment.

____ I have been advised to consult my child's physician, before having him/her participating in any physical activities and to follow the physician's advice with respect to such activities.

____ If my child requires a special diet, I agree to provide all snacks and lunch for my child as discussed with CSCGP staff member.

____ I release CSCGP of any and all liability for any injury or damages resulting from or incurred in connection with my child's participation in any recreational and/or physical program except to the extent that such injury or damages are caused by gross negligence on the part of CSCGP, and I agree to indemnify and hold CSCGP harmless with respect to any claim rising from any intentional or negligent conduct on my child's part.

____ I give permission for the camp counselors to apply First Aid Cream or Neosporin and a band-aid to simple cut and scrapes.

____ If my child requires special medicine (such as those needed for asthma or bee stings as examples), I will discuss the medicine with a staff member to determine if my presence is required to be on the property at all times. **Please note that CSCGP cannot administer medicine or use medical devices including EpiPens.**

____ In the event of a life-threatening emergency, I am aware that the staff of CSCGP will call 911 for transport to either Abington Hospital or Doylestown Hospital.

____ I will sign my child in each morning with the camp Counselor and inform her/him of any special instructions which may include changes to my contact information in case of an emergency and who will be picking the child up that day.

____ I agree to pick my child up at **3:30pm** and sign him/her out.

My signature and initials on this form represent my agreement to the above. Any questions or concerns I have resolved with the CSCGP Staff.

Parent/Guardian Signature

Date