

SGRPRC CAMP QUEST RELEASE/LIABILITY FORM

ALL SECTIONS of this paperwork needs to be completed and returned to the Spring Grove Recreation Center office with all other camp registration paperwork.

Child's Name: _____ **Date:** _____

Pick-up/Drop-off Procedures:

I have read and understand the procedures for the pick-up and drop-off of campers. Drop off is no later than 8:30 without prior arrangements, late start times may result in no service for that day. Camp pick-up is 4:05 for camp, 6:05 for extended care. I acknowledge that I will follow these guidelines or face the possibility of a late fee. Late pick-ups after 4:05 will incur an aftercare fee of \$10. Late pick-up for extended care will be \$1 per minute after 6:05. More than 2 times increases the fee to \$5 per minute. Further instances you risk termination from the program. This will be enforced.

Parent/guardian signature: _____

Field Trip Permission Slip:

I, _____, give permission for _____ to attend the camp field trips, to walk down to the high school pool, and to participate in short walking trips (i.e. Glatfelter Memorial Library). I understand that I will need to pack a non-perishable lunch for each field trip. I also understand that my child will be riding a bus to and from the field trip destination. I will drop-off and pick-up my child at normal camp times unless otherwise noted. The bus will not wait for late campers; if you arrive late you forfeit service for that day with no refunds given.

OR

I, _____, **DO NOT** give _____ permission to attend the camp field trips and therefore my child will NOT be attending camp on Friday. I understand that I will NOT receive any kind of refund for this day.

Liability:

I fully understand and accept the risks involved in participating in any strenuous activity. I absolve the Spring Grove Regional Parks and Recreation Center, Spring Grove Borough, Paradise Township, Jackson Township from all liability for any personal injury incurred to my child through participation in SGRPRC Camp Quest or any Spring Grove Regional Parks & Recreation Center sponsored education and/or physical activity program.

I have read, understand and agree to the Spring Grove Regional Parks & Recreation Center Day Camp liability.

Parent/guardian signature: _____

Publication Permission:

I give my permission for pictures to be taken for camp presentations, SGRPRC website, and advertising for Camp Quest.

Parent/guardian signature: _____

Lunch:

I understand it is my responsibility to send my child a nutritional lunch **daily**. I acknowledge that lunches can go in a cooler Monday – Thursday and there is no microwave accessibility. I also acknowledge that lunches MUST be non-perishable and packed in a disposable bag on field trips days.

I will be charged an additional \$5 if SGRPRC has to provide my child a lunch.

I have read, understand , and agree to these terms regarding lunch.

Parent/guardian signature: _____

REMIND:

We use REMIND as our tool for quick communication with parents. This is our main source for IMMEDIATE updates and reminders. Please provide your E-MAIL ADDRESS, CELL PHONE NUMBER, or BOTH. (More than 1 contact person can be provided if necessary.) You will be invited to join the camp group and prompted to follow directions.

Cell Phone #: _____ / _____

E-mail Address: _____ / _____

Parents NOT using REMIND for communication will be responsible for keeping themselves informed through posted messages and printed newsletters at the sites.