

# Sweet Pea Summer Camp 2023

REGISTRATION FORM & **SUMMER CONTRACT**

AGES 6-12 CAMP TUITION IS \$250 PER/CAMP

*~ Let the Adventures Begin ~*

CHILD'S NAME:

PARENT'S NAME:

PHONE NUMBER:

PLEASE CIRCLE THE CAMP/S YOUR CHILD WILL ATTEND:

**JUNE 19<sup>TH</sup> -23<sup>RD</sup>      FUNGUS AMONG US**

**JULY 10<sup>TH</sup>-14<sup>TH</sup>      1862- HOMESTEAD WEEK**

**JULY 24<sup>TH</sup>- 28<sup>TH</sup>      FRENCH CAMP**

**AUGUST 7<sup>TH</sup>-11<sup>TH</sup>      WILDERNESS SURVIVAL**

**AUGUST 14<sup>TH</sup>-18<sup>TH</sup>      WATER WORLD**

PARENTS, PLEASE FILL OUT:

TOTAL AMOUNT DUE \_\_\_\_\_

ONCE WE HAVE RECEIVED YOUR PAYMENT THERE IS NO REFUND.

WE DO NOT OFFER MAKE-UP DAYS FOR SUMMER CAMP

# Sweet Pea Summer Camp

## Liability Release Form

CHILD'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

**(Some activities may involve an element of risk. Such activities are closely monitored, and the risk is actively managed. We feel the rewards from these activities greatly outweigh the risk involved.)**

In consideration of allowing the previously declared participant(s) to begin participation in Sweet Pea Summer Camp at the Laster's residence while on the premises and property of said Summer Camp, the undersigned, for themselves, and/or being the legal and acting guardian of participant(s), acting for themselves and on behalf of the participant(s), release and hold harmless The Laster's of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which Sweet Pea Summer Camp is conducted, or any premises under the control and supervision of said teacher, or in route to or from any of the said premises, or while at any premises or place when activities sponsored by or participated in by Sweet Pea Summer Camp. Please advised that animals could be a part of this program, domestic or wild. All activities are closely monitored.

Parent/Guardian Signature

\_\_\_\_\_ Date \_\_\_\_\_

# Minor Medical Treatment Authorization Form

## Child

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender \_\_\_\_ Allergies \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Treatment that the child is currently receiving:

Start Date:

\_\_\_\_\_

Treatment that the child has previously received:

Start Date:

End Date:

Other medical information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Clinic Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Parent #1:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Parent #2:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)**

I do hereby swear that I have legal custody of the minor child.

I grant my authorization and consent for Sweet Pea Teacher or Supervising Adult to:

\_\_\_\_\_

- Administer general first aid, including approved medication, CPR and Epi-Pen.
  
- Seek medical attention for the child, including contacting medical personnel and transporting child to the necessary clinic or hospital.
  
- Issue consent for any medical procedure, transfusion, medication, treatment or care diagnosed and Administered by any licensed physician, surgeon, dentist, or medical personnel.

This authorization is given, prior to any immediate or pressing medical need, in order to provide the power of decision and the authority to act on the prudence and judgment of the Supervising Adult, With the provided input of authorized medical personnel.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Parent #1's Signature

\_\_\_\_\_  
Parent #2's Signature

***I give my child permission to participate on the Sweet Pea Zip line.***

\_\_\_\_\_ Date: \_\_\_\_\_