

For Office Use Only

Main Database:

Camp Mail List:

Health Database:

CAMP LION KNOLL REGISTRATION

Summer of 2020

CAMPER NAME _____

ADDRESS _____

TOWN, STATE, ZIP _____ PHONE # _____

DATE OF BIRTH _____ CAMPER'S AGE: (as of June 2020): _____ yrs _____ mos

CAMPER'S SCHOOL _____ CURRENT GRADE: _____

Parent/Guardian Name _____ Home Phone # _____

Full Address (if different): _____

Business _____ Work Phone # _____ Cell phone # _____

Email Address: _____

Parent/Guardian Name _____ Home Phone # _____

Full Address (if different): _____

Business _____ Work Phone # _____ Cell phone # _____

Email Address: _____

Must have a working phone number to enroll!

Please Circle The Sessions You Wish To Enroll Your Child:

Session I June 29-July 24

Session II July 27-August 21

Both June29-August 21

EMERGENCY PICKUP INFORMATION -

The following people are allowed to pick up my child from camp, if you cannot be reached.

- 1. Name _____ Relationship _____ Phone # _____
- 2. Name _____ Relationship _____ Phone # _____
- 3. Name _____ Relationship _____ Phone # _____
- 4. Name _____ Relationship _____ Phone # _____

Code Word: _____

PLEASE INDICATE PEOPLE YOUR CHILD **MAY NOT** BE RELEASED TO:

- 1. Name _____ Relationship _____
- 2. Name _____ Relationship _____
- 3. Name _____ Relationship _____

Tentative Bus Schedule

Important Notice: Due to a change in our camp structure, the campers can no longer have before care at the Girls Club. We will offer before camp at camp. Campers will be required to pick a bus stop within multiple communities unless the parent or guardian is picking up or dropping off at camp. Please select a stop below for pickup and dropoff. **The final bus schedule will be released before camp.**

- ___ Jan's Package Store, Main Rd, Gill
- ___ Carroll's Supermarket, Miller's Falls
- ___ Montague Fire Station
- ___ Corner of Turners Falls Rd & Griswold St.
- ___ Corner of L St. & 3rd St.
- ___ Cumberland Farms (Turners Falls)
- ___ Corner of Maple St. & High St.
- ___ Corner of Devens St. & Conway St.
- ___ Corner of Chapman St. & Allen St.
- ___ Corner of Elm St. & Oak Courts
- ___ Corner of Pierce St. & Davis St.
- ___ Corner of Leyden Rd & Leyden Woods

I give permission for my child _____ to participate in all activities (including being photographed and/or videotaped) that are part of the Girls Club summer camp program, including swimming, field trips and hikes. I understand that my child will be transported by bus to and from camp. I give permission for the camp staff to attend to any emergency that may occur during the camp session, seek medical attention and transport my child to Baystate Franklin Medical Center if necessary. I understand if I cannot be reached, the staff will contact one of the emergency names I have listed above.

Parent/Guardian Signature _____

Date _____

CAMP POLICIES

Please take note of the following policies and procedures.

All payments for campers must be made the Wednesday prior to the session your child is to attend (not including the deposit). Failure to make this payment will result in the loss of your child's slot for the upcoming session. Payment is **not refundable** if your child is sick, or you choose not to bring her/him.

If you are planning to pick your child up during the camp day, please call the camp at 413-772-6486 to let us know. Allow time for your child to return from outside activities. Also, you **must** go to the camp office to inform the Camp Director and sign a release form.

In the event that an individual arrives to pick up a child in any Girls Club program and is determined by the Girls Club staff to be under the influence of alcohol or any drug substance, the child will not be released to that individual. The staff member will use the emergency numbers of that child to contact a person who is able to come and pick up this child.

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Any changes made AFTER June 12th will result in a \$50.00 non-refundable administrative fee per child.

When a child exhibits behaviors that are incompatible with the functioning of our programming (i.e., hurting others or themselves, or an inability to participate in program activities), we begin the steps that could lead to suspension or termination from our program. In cases of extremely unsafe behavior, immediate suspension or termination may result.

Your child must be completely potty trained in order to attend camp.

Parent Signature _____

Date _____