



RISING STAR SUMMER DAY CAMP

CHILDREN AGES 6 TO 12

July 2 to August 16

9:00am – 4:00pm



Name of Child/Children: _____ Age(s): _____

Name of Parent/Guardian: _____

Check if applicable:

I am registering more than one child for which my contact info remains the same

Preferred Phone Number in case of emergency: _____

Address: _____

Postal code _____

Phone: _____ Email: _____

How did you hear about Rising Star Day Camp?

TAKE NOTE BAND Program

As part of their camp experience, Rising Star Day Campers can learn an instrument as part of a band. Part of their day will be spent in musical instruction and the other part in regular day camp activities. Space in this specialized program is limited, based on interest and on a first come first come basis. This program is best suited for campers who will be on site for a majority of the program weeks.

Musical information of Choice: (choose any (3) three of the instruments below, ranking them by 1st Choice, 2nd Choice, 3rd Choice:

_____ Flute

_____ Clarinet

_____ Alto Saxophone

_____ Tenor Saxophone

_____ Trumpet

_____ Trombone

_____ Baritone

_____ Percussion

Is your child able to bring their own instrument? If so, which of the instruments listed on page 1? _____

Has your child experience in playing any of the instruments listed on page 1? If so, what: _____

Years of experience:

_____ 1 year

_____ 2-3 years

_____ 4 or more years

Where did your child gain their experience of playing the instrument from? (check all that apply):

_____ School instruction _____ The Royal Conservatory of Music

_____ Private Lessons _____ Picked up and plays by ear

_____ Other (please specify): _____

Why does your child want to be involved in Take Note programming of Rising Star Camp?

Acknowledgement of Inherent Risk

I hereby authorize my child to attend Rising Star Day Camp. I acknowledge and understand there are inherent risks associated with many day camp activities. I recognize that my child's attendance at Rising Star Day Camp is a privilege and as a consideration for this privilege, I release The HopeWorks Connection and Malvern Methodist Church, including their directors, officers, employees, volunteers and agents from responsibility for any accidental physical injury including death or illness, and loss of personal property, while my child is engaged in programming or during The HopeWorks Connection/ Malvern Methodist Church sponsored travel. This release is also intended to include all claims made by my family, estate, heirs, personal representative or assigns. I grant permission for my child to participate in all special outings off program property with proper staff supervision.

Parent/Guardian Initials: _____

Health Information and Waiver

Health Card Number: _____

Vital Medical Information (allergies, medication etc.):

Please describe any medical or dietary information, which must be addressed and what we should be aware of:

Medication accompanying Child: _____

Doctors Name: _____ Doctor's Phone _____

Please mark Dietary Snack Preferences:

___ Regular (My child eats most everything he/she likes)

___ Regular with an allergy (My child eats most everything he/she likes but has an allergy)
Allergy _____

___ Vegetarian (My child doesn't eat meat but eats dairy products & fish)

___ Strict Vegetarian (My Child doesn't eat meat, fish or dairy)

PLEASE NOTE: Participants must bring their own lunch. In providing snacks, neither The HopeWorks Connection, nor Malvern Methodist Church will be responsible for providing specialized foods, etc. While we do our best to accommodate Campers needs, we will not be responsible for strict adherence.

ANY HIGHLY SPECIALIZED DIETARY NEEDS SHOULD BE PROVIDED FOR BY PARENT/GUARDIAN. Rising Star Day Camp has instituted a Nuts-Free Environment

Field Trip Permission

I, _____ give permission for my child _____
(Guardian/parent name) (Participant's name)

to attend all field trips. I understand that The HopeWorks Connection/Malvern Methodist Church summer staff and volunteers will do their best to ensure safety and good supervision throughout the trip. I have instructed my child/children to behave with utmost respect. I also understand that due to public transportation, my child may arrive back at camp a bit later than scheduled.

Parent/Guardian initials: _____

Vehicle Transportation Waiver

I understand and have explained to my child that he/she is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver, staff and/or other adult volunteers. I have read and understand that:

- He/she will be traveling in a motor vehicle driven by an adult and must wear a safety-belt while traveling
- Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects

I recognize that as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the transportation received, I, for myself, my executors and assigns, further agree to release and forever discharge The HopeWorks Connection and Malvern Methodist Church, including their directors, officers, employees, volunteers and agents from any claim that I might have with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Parent/Guardian Initials: _____

Drop-Off/Pick-Up Arrangements

I understand that RISING STAR DAY CAMP'S REGULAR PROGRAMMING BEGINS AT **9:00am** and unless cleared in advance with the Camp Program Director, my child must be on site ready to go no later than **9:30am** so as not to disturb everyone else's experience.

I also understand that RISING STAR DAY CAMP'S REGULAR PROGRAMMING ENDS AT **4:00pm**. A grace period of exactly 15 minutes is allowed. I agree to abide by this time frame.

Parent/Guardian Initials: _____

Please INITIAL as applicable:

____ My child will be coming on his/her own and I grant permission for them to be released AT **4:00pm** directly from Day Camp.

____ I will drop off and pick up my child or make arrangements for the designated person or person(s) below to do so BY **4:00pm**

(Persons other than parent or guardian picking up must show driver's license or other photo ID before camper will be released)

Designated Person(s) Names:

Photo Media Release

Please indicate your choice below with an (X):

____ **I hereby give permission** for images of my child, captured via standard and/or digital photography and videography, to be used solely for the purpose of The HopeWorks Connection/ Malvern Methodist Church's publications and promotional materials in print or electronically, and understand that I wave any rights of compensation or ownership thereto.

____ **I do not give permission** for images of my child, captured via standard and/or digital photography and videography, to be used for the purposes of publications and promotional materials in print or electronically.

Parent/Guardian Initials: _____

Authorization:

I have read through, understand, filled out and agree to adhere to all policies articulated in Rising Star Day Camp's registration package comprised of the following: Acknowledgement of Inherent Risk; Health Information and Waiver; Field Trip Permission; Vehicle Transportation Waiver; Drop Off/Pick Up arrangements.

Date: _____

Signature Parent/Guardian: _____

Date: _____

Witness Signature: _____

PAYMENT FORM

(One Form per Child)

Child's Name: _____
(First and Last)

Parent/Guardian Name: _____
(First and Last)

Please indicate which weeks your Child will be attending Day Camp as applicable.
 Indicate your choice(s) with an **X**

Week	Camp	T-Shirt <i>(1 time only)</i>	Total (\$)
Week 1: July 2 - 5	\$70.00	\$15.00	_____
Week 2: July 8 - 12	\$70.00	\$15.00	_____
Week 3: July 15 - 19	\$70.00	\$15.00	_____
Week 4: July 22 - 26	\$70.00	\$15.00	_____
Week 5: July 29 - Aug 2	\$70.00	\$15.00	_____
Week 6: Aug 6 - 9	\$70.00	\$15.00	_____
Week 7: Aug 12 - 16	\$70.00	\$15.00	_____

**For Office Use Only
PAYMENTS**

Week(s)	Camp	T-Shirt <i>(1 time only)</i>	Date Rec'd	Cash (C) or E-transfer (EFT)	Receipt Given
Week 1: Jul 2 - 5					
Week 2: Jul 8 - 12					
Week 3: Jul 15 - 19					
Week 4: Jul 22 - 26					
Week 5: Jul 29-Aug 2					
Week 6: Aug 6- 9					
Week 7: Aug 12 -16					

PAYMENT ARRANGEMENTS

 Approved _____
Date