

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 FOR LITs BEGINS AT **10:00am** and unless cleared in advance with the Camp Program Director, my child must be on site ready to go no later than **10:30am** so as not to disturb everyone else’s experience.

I also understand that RISING STAR DAY CAMP’S REGULAR PROGRAMMING FOR LITs ENDS AT **3:00pm**. 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: _____

LIT PAYMENT FORM

(One Form per Child)

Youth's Name: _____
(First and Last)

Parent/Guardian Name: _____
(First and Last)

**Please indicate with an "X" which weeks your young person will be attending.
 LITs must also purchase a t-shirt (\$15.00) & pay for field trips (announced weekly).**

Week	Camp	T-Shirt <i>(1 time only)</i>	Total (\$)
Week 1: July 3 - 6	_____	_____	_____
	\$20.00	\$15.00	
Week 2: July 9 - 13	_____	_____	_____
	\$20.00	\$15.00	
Week 3: July 16 - 20	_____	_____	_____
	\$20.00	\$15.00	
Week 4: July 23 - 27	_____	_____	_____
	\$20.00	\$15.00	
Week 5: July 30 - Aug 3	_____	_____	_____
	\$20.00	\$15.00	
Week 6: Aug 7 - 10	_____	_____	_____
	\$20.00	\$15.00	
Week 7: Aug 13 - 17	_____	_____	_____
	\$20.00	\$15.00	

**For Office Use Only
 PAYMENTS**

Week(s)	T-Shirt	Camp	Field Trip	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