

# Camp Trinity Summer Enrichment 2016

Vame:							
l	Last	First	Middle				
Physical Address:							
City:	Sta	te:	Zip:				
4ge	Date of Birth _		Last Grade Completed September 1, 2016) through 14 years of ag				
	tending Camp Trinity must b	oe b years of age(by	September 1, 2016) through 14 years of ag				
<mark>order to attend</mark> .							
RESPONSIBLE PARTY I	INFORMATION						
Mother/Guardian	<u> </u>	Father/Guo	ardian				
Vame:		Name:					
Address:		Address:					
Phone Number:	 umber:		Phone Number:				
			~ CESS:				
Employer		_ Employer_	Employer				
Phone Number		Phone Number					
EMERGENCY CONTACT	-						
Name		Phone Number	Relationship to Child				
<u>Pick-Up Authorization</u>							
Name	Address	Phone	Number Relationship				

### Health & Medical Information

ARE YOU COVERED BY HEALTH INSURANCE? Health Insurance Provider		
Insurance Contact Number Preferred Hospital in Case of Emergency		
Physician's Name	PV	hone Number
Medical Conditions		
A copy of immunizations must accompany form. Date of last tetanus shot		
Medical conditions		
List of past medical treatments		
List all current medications regardless of whether	r it needs to be	 2 taken at camp or not): 
	dications while at	
lf yes, please request a medical dispensing form. container in a ziplock bag with your child's name		
Allergies: (Please put N/A if your child does not Food	have an allergy)	1)
——————————————————————————————————————		
Insect		
 Other		
 Does your child require an Epi-pen?		

If yes, you must provide the camp with an Epi-pen to be kept at camp during your child's enrollment. Epi-pen must be accompanied with a current prescription and a doctor's note.

Specific Activities to be re	estricted for health	n reasons: 		
Note: If your child has as Baptist Church, which is t				ne stored at Trinity
Other Information:				
Medical Authorization				
Name of Medication	Dose	Time	Specific Instructions	Condition Being Treated
I		aive Camp Trinity	permission to administer	medication to my child
on my behalf. Camp Trinicauses of action, rights, so known and unknown, forest reserve the right from a including all liability arising treatment.	uits, judgments, clain seen and unforese ny consequences t	dist Church reserves ms, and whatsoever in en, as well as bodily in thereof whether cause	the right from any and o law or equity. This relea: njury, personal injuries or id by negligence or other	all manner of actions, se includes incidents death. We also wise occurring,
 Signature			Date	
I authorize the camp man or to administer basic firs the expenses involved if t for persons requesting ex	t aid for the heal the services of a	th and welfare of the physician or hospital a	camper involved. I am re	sponsible for
 Signature			 Date	





<u>Field</u>	Trip Authorization
activities such as bowling, skating, movies, ect. I unde attend. Additionally, I understand that the prices of fi activity fee Camp Trinity reserves the right from judgments, claims, and whatsoever in law or equity. — and unforeseen, as well as bodily injury, personal inji	for my child to participate in Camp Trinity field trips and rstand that field trips are not mandatory for my child to eld trips are not mandatory for my child to all trips are included in the cost of my child's summer camp any and all manner of actions, causes of action, rights, suits, This release includes incidents known and unknown, foreseen uries or death. We also reserve the right from any e or otherwise occurring, including all liability arising out of ars.
Signature	 Date
off camp property for the purpose of field trips, s	nmer Enrichment/Trinity Baptist Church. to transport my chilo ummer enrichment sessions, and/or medical care. I understan nd that all events are subject to change due to weather
Signature	 Date





Each week, students at Camp Trinity Summer Enrichment will have the opportunity to participate in swimming at the YMCA. Please indicate your child's level of proficiency with regards to swimming. Additional waivers from the YMCA will be sent home before the first week of camp.

	Yes, I would like for my child to participate in swimming this summer. No, I would NOT like for my child to participate in swimming this summer.
	indicate your child's swimming experience/level.  Novice Swimmer (cannot swim alone)
	Intermediate Swimmer (can swim BUT with adult assistance)  Advanced Swimmer (can swim without assistance)
Please Trinity.	indicate the swimming program you would like your child to participate in this summer at Camp
	Program Option #1 - Weekly Free Swim (available to intermediate and advanced swimmers only) Program Option #2- Weekly Swim Lessons **this is recommended for novice swimmers** (required fee for swim lessons NOT included in Camp Trinity activity fees; prices range from \$50.00 -\$65.00 per month/per child)
	Program Option #3- Weekly Free Swim and Weekly Swim Lessons





## Use of Photographs and/or Academic Works

Children LOVE to see themselves in pictures! Throughout the summer, we photograph many of our learning opportunities and summer experiences to share with them and our church family and community. Please se

 Signature	Date
l understand that once my child's image is posted on Trinity be downloaded by any computer user internal and external t hold harmless from any claims I also release Trinity Baptist members, and employees from any and all claims based on of such and agree to hold Trinity Baptist Church/Camp Tri including any claim based on allegation of copyright infringem	o the church. Therefore, I agree to indemnify and Church, Camp Trinity, and its officers agents, staff the below named minor's likeness or use of likeness nity harmless from any and all claims by third partie
l agree that any such likeness may be used and reused in distribution, illustration, promotional purposes, and /or education in perpetuity, throughout the world.	
No, I do not give my child permission for sun child/children to be shared in the any way.	nmer camp photographs and/or videos of my
<ul> <li>□ Posted to the church's website</li> <li>□ Posted to our church's social media pages (Facebook</li> <li>□ Posted in local newspaper</li> <li>□ Posted in church literature/promotional information</li> </ul>	and Twitter)
Yes, I give my child permission for summer can be shared in the following ways:	mp photographs and/or videos of my child/children to
the appropriate release by placing a check in box adjacent	nd our church family and community. Please select to the applicable statement.



#### Camp Trinity Summer Enrichment 2016 Payment Plans

Camp Trinity Summer Enrichment was designed to provide school-age children with spiritual, academic, social, and emotional enrichment in a safe Christian environment. Please note that all accounts must be current at all times. Payments for the Weekly Plan must be made on the Monday of the week that child care is being provided.

#### Registration Cost for Camp Trinity 2016:

Registration: \$50.00 per child (includes Camp Trinity T-shirt and summer enrichment resource materials). This fee is required and is non-refundable. Registration fee must be paid on or before May 27, 2016.

Late Registration: (After May 27th) \$75.00 per child (includes Camp Trinity T-shirt and summer enrichment resource materials). This fee is required and is non-refundable.

#### Activity Fee for Camp Trinity 2016:

All field trips, on-site/ off-site activities, as well as most summer enrichment electives are included in the assessed monthly activity fee as follows and are <u>required and non-refundable</u>:

\*June Activity Fee \$100.00 - due May 31st\* \*July Activity Fee \$100.00 - due June 30th\*

\*\*The activity fee for each month will increase to \$125.00 after the payment deadline.\*\*

Please be advised that students who are participating in Karate, Chess, and/or Swimming Lessons will be assessed an additional fee outlined by the vendor providing services..

#### Tuition Prices for Camp Trinity 2015:

1 Child: \$90.00 per week 2 Children: \$170.00 per week 4 Children: \$2,40.00 per week 5,000 per week 5,000 per week 6,000 per we

3 Children: \$240.00 per week 4 Children: \$240.00 + \$50.00 for each addtl child

	Children	who will	be	covered	under	this	plan:
 Signature				•			Date