2012 LAKE NIXON DAY CAMP
REGISTRATION FORM AND ENROLLMENT CONTRACT

Please complete all sections on both sides. Incomplete forms will be returned.
A separate form must be completed for each child attending camp.

CAMPER INFORMATION

Camper's Name _____ Sex: Male _____ Female _____

Previous LN Camper? No___ Yes___, previous color team_____ Spring 2012 Grade _____ Birth date ____/____/____

Home Address _____ City _____ Zip _____

Home Phone _____ Parent's Email _____

Camper lives with: Mother & Father_____ Mother_____ Father_____ Mother & Stepfather_____ Father & Stepmother _____

Grandparents _____ Foster Parents_____ Other (please specify)_____

Siblings attending camp _____ T-shirt size (Circle one) Child: S M L XL Adult: M L XL

If possible, please place on team with: _____ (1 request only-must be same grade and sex)

PARENT'S INFORMATION

MOTHER Name _____ Work Phone _____ Cell/Alt # _____

Employer_____ Work hours _____

FATHER Name _____ Work Phone _____ Cell/Alt # _____

Employer_____ Work hours _____

MEDICAL INFORMATION

In case of an emergency or illness, contact which parent first? Mother ____ Father ____

If parent cannot be reached, please call:

Name _____ Address _____

Contact Numbers _____ Relationship _____

Physician _____ Address _____ Phone _____

Please list any allergies, physical conditions, treatments or medications:_____

_____

Is participant covered by personal/family medical insurance? No _____ Yes _____

If yes, name of insurer: _____ Policy or group number: _____

I understand that swimming is a daily part of the Lake Nixon program. I agree to provide sunscreen for my child and give permission for it to be applied at camp.

I hereby authorize Lake Nixon and its representatives to administer first aid and seek other emergency medical treatment for my child if deemed necessary, in the event of accident or illness. Authorization is also given to transport my child for emergency treatment.

_____
Signature of Parent or Guardian

(over)

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PICK-UP AUTHORIZATIONS

Camper will be dropped off in the morning at: (circle one)

Lake Nixon K-Mart Sears 2nd Baptist Church

Camper will be picked up in the afternoon at: (circle one)

Lake Nixon K-Mart Sears 2nd Baptist Church

Persons dropping off and picking up campers are required by law to check them in and sign them out and they must be on your approved pick-up list.

Persons (other than parents) authorized to pick up camper: (limit 3)

_____

_____

_____

In the event that a parent is not allowed to pick up a child, a copy of a certified legal court document must be submitted to your file or we cannot prohibit the pick-up.

DISCIPLINE POLICY

Our goal at Lake Nixon is help your child grow in self-control and social relationships. Discipline shall be individualized and consistent for each child. It shall be appropriate to the child's level of understanding and be directed toward teaching the child acceptable behavior and self-control. Failure to follow guidelines will result in the following disciplinary actions:

* Time out from the activity, up to a minute per year of the child's age.
* When a child's misbehavior becomes repetitive, and time-outs do not help, the child will visit with the director. We will discuss the whys of their behavior, the results upon the group, and then let them help work out a solution.
* Chronic discipline problems will be discussed between the director and the parents of the child to determine reasons and solutions to the child's misbehavior. If the child's misbehavior continues, then it will be considered a threat to the safety of themselves and the other campers and they will be dismissed from the program.
* Violence is not tolerated.

I have read and understand the discipline policies of Lake Nixon.

I understand that my child may be subject to interviews by DHS licensing staff, child maltreatment investigators or law enforcement officials for determining licensing compliance or for investigative purposes.

_____

Signature of Parent of Guardian

ENROLLMENT

CHECK the space beside each week your child WILL ATTEND

Lake Nixon: **(2 week minimum enrollment required)**

____ Week 1 June 4-8 ____ Week 6 July 9-13

____ Week 2 June 11-15 ____ Week 7 July 16-20

____ Week 3 June 18-22 ____ Week 8 July 23-27

____ Week 4 June 25-29 ____ Week 9 July 30-Aug 3

____ Week 5 July 3-7 (We will be closed July 4)

In consideration for this application for Day Camp, I understand:

* I am to enclose a $40.00 NON-REFUNDABLE Registration Fee.
* I will be expected to pay the weekly fee on Monday morning of each of the weeks for which I have contracted. **NOTE: Changes to this contract cannot be made after your application has been accepted.**
* I hereby waive any and all claims or rights of action against Second Baptist Church for damages and/or injuries sustained by my child while participating in Camp activities or transportation.
* **I am contracting for a total of _____ weeks of camp. I understand that I will be expected to pay for these contracted weeks whether or not my child attends camp.**

I have read the entire contract and agree to comply with the terms and conditions stated in it. I agree that I am responsible for all payments due under this contract.

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

_____ _____

Signature of Responsible Party Date

Return this form with
$40.00 Registration Fee to:
Lake Nixon
18500 Cooper Orbit Road
Little Rock, AR 72210

OFFICE USE ONLY

Ck #_____

Camper # _____

Team _____