

ACTIVITY RELEASE FORM and MEDICAL INFORMATION

List all allergies, medications, special needs, disabilities, and any other information pertaining to participation in our program:

* We willingly meet with families and support staff, prior to camp, to discuss behavior intervention plans, IEP's, etc.*

Family Physician: _____ **Phone:** _____

PLEASE READ CAREFULLY BEFORE SIGNING:

MEDICAL EMERGENCY CONSENT:

In case of an emergency, an agent of Silver Lake Nature Center has my permission to seek the necessary medical attention for the Participant. If the Participant is under 17, every effort must be made to notify the Parent/ Guardian. I hereby release Bucks County Department of Parks & Recreation and the Friends of Silver Lake Nature Center, their employees & volunteers from any and all liability which might be incurred during these activities.

Parent/Guardian Signature: _____ **Date:** _____

PHOTOGRAPHY CONSENT:

_____ **YES**, I authorize and consent to being photographed, and to the display, reproduction, alteration or other use of any photographs of my child (along with the possible use of first name only), or in which I may be included with others, in connection with Silver Lake Nature Center publications, website and press corps contacts.

_____ **NO**, I do not authorize my child to be photographed

KAYAK/CANOE CONSENT:

I acknowledge and fully understand that my child will be engaging in activities that involve risk of damage to personal property or serious injury, including permanent disability and death, which may result not only from their actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, water/ weather conditions, the condition of the premises, or any of the equipment used. Further, there may be risks not known or not reasonably foreseeable at this time.

I assume all the foregoing risks for my child, and accept personal responsibility for all expenses, medical or otherwise, following any such damages, injury permanent disability or death.

I release, waive, discharge and covenant not to sue Silver Lake Nature Center, the County of Bucks, affiliated clubs, administrators, directors, employees, volunteers, other participants, sponsoring organizations, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to me, my heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise. If any part of this waiver is determined to be invalid by law, all other parts of this waiver shall remain valid and enforceable.

_____ **YES**, my child is allowed to kayak/canoe

_____ **NO**, my child is not allowed to kayak/canoe

Children are required to wear a Personal Floatation Device (PFD) during watersports. For our knowledge, can your child swim without the use of a floatation device? _____ **YES** _____ **NO**

Parent/Guardian Signature: _____ **Date:** _____

CAMP PRICING and POLICIES

MEMBERSHIP:

In order to register for camp, you must have a household membership (\$35.00) to Silver Lake Nature Center.

Yes! I wish to become a member of Friends of Silver Lake Renew Me! I'm already a current member!

CAMP PRICE PER WEEK PER CHILD:

Full Day Camp (9:00am– 4:00pm): \$200.00/week per child (\$140.00 for Session 2– July 4th holiday)

Preschool Camp (Sessions 3 and 9 only, 9:00am– 12:00pm): \$120.00/week per child

EXTENDED CARE:

Before Care: 8:00-9:00am

After Care: 4:00-5:30pm

\$30.00/week per child for before or after

\$50.00/week per child extra charge for before and after

*We do not split fee into a per day charge

MULTIPLES DISCOUNT:

If you sign up 2 or more children, or for 2 or more weeks, for full day camp, you get 10% off 2nd registration (per each occurrence of registration).

DEPOSIT:

A \$60 non-refundable deposit per week is due at registration. Final payment of the remaining balance is due one week before each camp week begins.

CANCELLATIONS:

Cancellations less than 10 days before the first day of each camp week will not receive a refund. There are no refunds for no-shows. With 10 or more days notice, refund will include all but \$60 deposit. If SLNC cancels, full refund issued.

REGISTRATION:

Circle One: a. Preschool Camp (Half Day) b. 6-14 Year Old (Full Day Only)

Circle all weeks that apply:

- | | | | | | |
|--------------|--------------------------|--------------|--------------|--------------|-------------|
| 1) 6/25-6/29 | 2) 7/2-7/6 (no camp 7/4) | 3) 7/9-7/13 | 4) 7/16-7/20 | 5) 7/23-7/27 | 6) 7/30-8/3 |
| | 7) 8/6-8/10 | 8) 8/13-8/17 | 9) 8/20-8/24 | | |

Extended Care: BEFORE CARE AFTER CARE BOTH

Total Fee(s) Due:

I have read all of the above policies and information about cancellations, refunds, and payment. I agree to pay the total fee listed above before the first day of camp each week.

Parent/Guardian Signature: _____ **Date:** _____