



ARC Summer Day Camp

1202 E. 10th St. Alliance, NE 69301

Contract and Registration Form

*****Your child's placement in camp will not be secured until all paperwork and required payments are current.*****

Full name of child: _____

Date of Birth: (day/month/year) _____ Grade: _____ Gender: Male Female

Child's Home address: _____

Please check which option you are signing your child(ren) up for:

- ARC Summer Day Camp: \$70 per child/week (Member)
- ARC Summer Day Camp: \$95 per child/week (non-Member)

Parent/Guardian details:

	Parent/Guardian 1	Parent/Guardian 2
Full name and date of birth:		
Relationship to Child:		
Home Address:		
Mobile phone:		
Workplace & work telephone:		
Email:		

Please list additional people approved to pick your child(ren) up:

NAME: _____ DOB: _____ Relationship to Child: _____

Address: _____ Phone number: _____

NAME: _____ DOB: _____ Relationship to Child: _____

Address: _____ Phone number: _____

Child's medical information/individual needs:

Known medical conditions, allergies, special dietary and health needs: Yes No

If yes, please give details: _____

What will your child do at the end of the day?

- walk or bike at _____ p.m. to _____ location.
- be picked up at _____ p.m.
- my child has an ARC membership and is 10 years+ and will remain unsupervised at the facility.

OTHER:

YES NO

- I have read and understand the policies in the Student/Parent Handbook.
- I give permission for staff to give and receive necessary information about my child to assist with providing the best program experience for my child.
- If my child walks home from the ARC Summer Day Camp program, I understand that ARC Summer Day Camp is no longer responsible for the care of my child after they are signed out of the program.
- I give permission to use photographs, writings, artwork, etc. for promotional purposes.
- I give staff permission to transport my child for the purpose of program activities whether by van transportation, public transit, or by walking during any of the days at the ARC Summer Day Camp program, and for medical care purposes.
- I give permission to ARC staff to escort my children off the program premises for swimming activities, field trips or regular trips to the park. I understand that the ARC will only swim at public pools that are permitted to operate by the State of Nebraska.
- I give permission to ARC staff to apply sunscreen as needed for outdoor play, field trips, and especially for swimming or other water activities. It is expected that sunscreen be supplied by parents or guardians but in case the sunscreen runs out or is not available at their present location, program staff will supply the child with adequate sunscreen and/or assist the child with the application.

Swimming Permission

- I give permission for my child to swim in water over their head.
- I want my child to wear a life jacket while swimming in any pool other than a wading pool or spray ground.

E-Payment Agreement:

Fees are auto-drafted weekly out of a bank account in full on Sundays. We require a 2-week cancellation notice.

Bank Account _____ I choose to utilize the EFT option for monthly payment from my checking account.

Bank Name: _____ Name on Account: _____

Routing/Transit #: _____ Account #: _____

Authorized Signature: _____ Date: _____

Credit/Debit Card _____ I choose to utilize the credit card payment option for monthly payment

Card Holder Name: _____

Credit Card # _____ CVV/CVC: _____ Expiration Date: _____

Authorized Signature: _____ Date: _____

Agreement between parent(s)/carer(s) and ARC Summer Day Camp:

- I understand that by completing and signing this contract and registration form, I and my child agree to follow the program policies as outlined in the Student/Parent Handbook. I will inform the provision of any changes in circumstances relating to the above or anything that may affect my child.
- I understand and am aware that my child(ren) is/are participating in physical activities and that the potential for accidents does exist. In consideration for being allowed to participate in the ARC's program, I agree to assume the risk of such exercise and further agree to defend and hold harmless the Alliance Recreation Center and its staff conducting this ARC program from any and all claims, suits, losses, or related causes of action for damages, including (but not limited to) such claims that may result from injury or death (accidental or otherwise) during, or arising in any way from the program. I also understand that the Alliance Recreation Center may use, for publicity and /or promotional purposes, my (or my child's) name or pictures participating in this program, without obligation or liability to me or my family.

Signature of parent/guardian _____ Date _____