



2023 StroudKids Camp

Leaders in Training (LIT) Registration

-Submit two letters of reference (from non-family members) along with this registration form for consideration into the LIT program.

-An interview will take place and if selected into the program a social contract and the LIT manual signature page must be submitted along with payment before the first day.

Leaders-In-Training June 19 – August 11		Before Care	All sites	After Care
No camp July 3 rd or 4 th August 11 th camp ends at 12 pm		7:15 – 9:00 a.m.	9-3 p.m.	3-6 p.m.
Leaders In Training (ages 13-15)	<i>Select Site:</i> ___ Dansbury Park ___ Stroudsburg Borough Park	___\$180	Paid after acceptance into program ___\$305	___\$310

Weekly rates for Before/After Care			Before Care	After Care
			7:15 – 9:00 a.m.	3-6 p.m.
	1	June 19 – 23	___\$30	___\$50
	2	June 26 – 30	___\$30	___\$50
(must be paid in full the Wednesday before start date)	3	July 5 – 7 No camp July 3 rd or 4 th	___\$18	___\$30
	4	July 10 – 14	___\$30	___\$50
	5	July 17 – 21	___\$30	___\$50
	6	July 24 – 28	___\$30	___\$50
	7	July 31 – August 4	___\$30	___\$50
	8	August 7 - 10 No aftercare August 11 th	___\$30	___\$40

**Meet & Greet - June 14th at the Dansbury Pavilion, 6-7:30 p.m.*

Age eligibility – participant’s age as of the first day of camp

Swimming activities may not take place every day due to unforeseen circumstances but an appropriate suit & towel should be brought every day

2023 StroudKids LIT Summer Day Camp Registration & Health Form

PARTICIPANT

Name (last) _____ (first) _____ Date of Birth __/__/__

Home Address _____ City _____ State ____ Zip _____

Municipality: __East Stroudsburg Borough__ Stroudsburg Borough __Stroud Township__ other _____

Current School _____

T-shirt size: __YS__ YM __YL__ AS __AM__ AL __AXL

PARENT(S)/GUARDIAN(S)

*Name (last) _____ (first) _____

__Check here if address is the same as listed above _____ Date of Birth __/__/__

Address _____ City _____ State ____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Employer Name and Phone Number _____

*Name (last) _____ (first) _____

Home Phone _____ Cell Phone _____ Email _____

Employer Name and Phone Number _____

EMERGENCY CONTACTS

Please list emergency contacts, and all adults who are permitted to pick up child from camp (PHOTO ID REQUIRED). Stroud Region Open Space and Recreation Commission (SROSRC) has my permission to release the above named participant to the following people:

NAME	RELATION	PHONE
1. _____		
2. _____		
3. _____		

*List any individual(s) who is (are) not permitted to pick up child. (A copy of the court order must be provided & please alert staff.)

EMERGENCY MEDICAL INFORMATION

List and explain if there are any special medical conditions, special needs, allergies, or restrictions to be aware of?

Does your child require outside services for behavior or special needs? __NO__ __YES – *please complete the outside services form and submit with registration form.*

AUTHORIZATIONS:

Permission is given to SROSRC for the following (*initial all that apply*):

- My child may participate in swimming, water activities, & sporting activities
- My child may be given medication by SROSRC Staff. I understand a medication authorization letter must be completed by a prescribing physician prior to administering (including prescription and over counter medicines not needing to be administered by a nurse) (A)

Name of Medication	Strength (e.g. 50 mg)	Dosage (e.g. 1 pill/5ml)	Time to be taken	Prescribing Physician	Reason for Taking	Additional Instruction

In an emergency, SROSRC has my permission to administer first aid (B)

I DO NOT wish my child to have ANY medical treatment

NOTICE OF RISK AND LIABILITY RELEASE

1. I hereby give my permission for my child to participate in the StroudKids Summer Day Camp (“Camp”) program and activities
2. I attest that my child is in good health and in proper physical condition to participate in Camp. I have listed any activity restrictions, allergies, medications taken by the child, or any other needs on this form. Further, I agree that I will notify the staff immediately should my child’s health condition change at any time during participation in Camp. If I believe the conditions at Camp to be unsafe, I will discontinue my child’s participation and notify the appropriate staff.
3. I understand, and acknowledge that any and all rules, guidelines, and safety procedures of Camp are established for the safety and protection of all participants, including my child. I agree, on behalf of myself and my child, that we will comply with all rules and policies established by Camp, and will obey all staff, employees and assistants, of Camp and SROSRC.
4. I recognize, understand, and acknowledge that participation in Camp may involve risk and danger of serious bodily injury, permanent disability, paralysis and death.
5. I acknowledge that SROSRC prohibits the use of controlled substances, tobacco products, alcoholic beverages, and possession of weapons at all Camp locations. Failure to comply with these restrictions will result in immediate dismissal of your child from Camp with no refund of your registration fees.
6. I recognize that failure to comply with the rules and guidelines may result in immediate suspension or dismissal from Camp.
7. The staff and/or sponsors have my permission to photograph my child. I understand that these photographs may be used in promotional brochures, flyers, or news releases.
8. In consideration of my child’s participation in Camp, I the under-signed, on behalf of myself and my minor child, do hereby release, discharge, and covenant not to sue SROSRC, its directors, service providers, members, volunteers, and employees from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of SROSRC, including negligent rescue operations. I further agree that if, despite the Release, I, the minor, or anyone on the minor’s behalf makes a claim against SROSRC, I will indemnify, save, and hold harmless SROSRC from any litigation expenses, attorney fees, loss, liability, damage, or any costs that may incur as the result of any such claim.

Program Refund Policy

All refunds/withdrawals from a camp session must be done in writing. Refunds will be processed within 30 days of approved request. Refunds/credits will be issued as follows:

- Requests made two weeks in advance of registered week(s) will receive a full refund; minus the \$35 administrative fee.
- Requests less than two weeks but more than 48 hours in advance will receive a refund of 50% of the registration fee.
- If you do not request a refund at least 48 hours before the first day of registered week(s), no refund will be granted.
- If a program is cancelled a full refund will be issued.
- In the event a child is suspended or dismissed from the camp program a refund will not be issued.

I HAVE READ AND UNDERSTAND THE AUTHORIZATIONS, NOTICE OF RISK AND LIABILITY RELEASE, AND THE PROGRAM REFUND POLICY

Signature _____ Date _____

<u>Camp Fee</u>	<u>Before Camp</u>	<u>After Camp</u>	<u>Total Due by May 29, 2020</u>

___ **Payment in Full:** ___ Date Received ___ Amount ___ Cash/Check/Credit Card

___ **Payment Plan: I acknowledge that payment must be paid in full before starting camp on June 19, 2023.**

Signature: _____ Date: _____

For Office Use Only:

Date Received	Amount Received		Cash, Check or Credit Card	Balance Remaining	Employee Initials

Checklist of forms to be completed & turned in with application

___ Registration Form ___ Outside Service Form (if applicable) ___ 2 Letters of Reference

Once accepted into the LIT Program

___ LIT Social Contract ___ LIT Manual Signature Page ___ Payment in Full