



Kamp Clawson Registry

Monday through Thursday, July 23-26, 2018. 8:30am-4:30pm.

*Early Drop off at 7:45am *Late pick up at 5:15pm *All students must be picked up by 5:15pm

Mornings: Campers will spend the morning going on various field trips that may include bowling, Ellen Trout Zoo, splash pad, trampoline park fun, and going to the movies. All campers will be provided breakfast, 2 snacks and a lunch each day. Every camper who registers **before June 1** will also receive a KAMP CLAWSON t-shirt to remind them of the great time they had at camp!

Afternoons: After lunch children will engage in various age appropriate activities including Vacation Bible School curriculum, crafts, music, recreation, outdoor activities and storytelling

*Field Day fun will be on Thursday, July 26, 2018

Cost: The cost for camp is \$70 per child-This includes T-shirt if they register before June 1.

Registration: April 25 – May 31: \$70

Late Registration: June 1 – 15: \$85 Please return form and fees to the Clawson office. Late registration will be through the office only (not online). Register early, space is limited! (You are not registered until fees are paid.)

Contact: Hilary Horn or Michelle McAdams at the church office, 936-853-2727, or email Hilary@clawsonag.org or Michelle@clawsonag.org for more information.

PARENT INFORMATION

Mother/Guardian

Name _____ Phone _____

Address _____ City _____

Zip _____

Email _____

Father/Guardian

Name _____ Phone _____

Address _____ City _____

Zip _____

Emergency Contact

Name _____ Phone _____

Do you attend a church? Yes "No Church Name _____



CAMP FEES & OPTIONS

Registration: March 1 - May 31 Late Registration: June 1 – 15 Fees:

\$70 per camper (\$160 maximum per immediate family) Late registration is \$85 (\$200 max)

Pick Up/Drop Off Options:

Early Drop Off (7:45-8:30am) Late Pick-Up (by 5:15pm)

Amount paid: _____ Date: _____

Check# _____ Cash

Age Categories: 3-4 year olds, 5-6 year olds, 7-8 year olds, 9-10 year olds

CHILD 1 INFORMATION

Name _____

_____ Birth Date _____ Age _____

Male Female

Current Grade: PreK K 1st 2nd 3rd 4th 5th 6th

Shirt Size: Youth XS S M L XL Adult S M L XL XXL 3XL

CHILD 1 HEALTH INFORMATION

Physician Name _____ Phone _____

Are there any health issues/concerns (ie seizures, asthma, allergies)? No Yes

Please explain- _____

Are there any physical, psychiatric, behavioral, emotional or developmental concerns our staff should be aware of? No Yes

Please explain- _____

(Routine medications cannot be administered by staff. Life-saving medications, such as an epi-pen, or inhaler may be given if a parent-signed copy of the RX with directions is provided prior to camp.)



CHILD 2 INFORMATION

Name _____
_____ Birth Date _____ Age _____
Male Female
Current Grade: PreK K 1st 2nd 3rd 4th 5th 6th
Shirt Size: Youth XS S M L XL Adult S M L XL XXL 3XL

CHILD 2 HEALTH INFORMATION

Physician Name _____ Phone _____
Are there any health issues/concerns (ie seizures, asthma, allergies)? No Yes
Please explain- _____

Are there any physical, psychiatric, behavioral, emotional or developmental concerns our staff should be aware of? No Yes
Please explain- _____

(Routine medications cannot be administered by staff. Life-saving medications, such as an epi-pen, or inhaler may be given if a parent-signed copy of the RX with directions is provided prior to camp.)

CHILD 3 INFORMATION

Name _____
_____ Birth Date _____ Age _____
Male Female
Current Grade: PreK K 1st 2nd 3rd 4th 5th 6th
Shirt Size: Youth XS S M L XL Adult S M L XL XXL 3XL

CHILD 3 HEALTH INFORMATION

Physician Name _____ Phone _____
Are there any health issues/concerns (ie seizures, asthma, allergies)? No Yes
Please explain- _____

Are there any physical, psychiatric, behavioral, emotional or developmental concerns our staff should be aware of? No Yes



Please explain-_____

(Routine medications cannot be administered by staff. Life-saving medications, such as an epi-pen, or inhaler may be given if a parent-signed copy of the RX with directions is provided prior to camp.)

CHILD 4 INFORMATION

Name_____

_____ Birth Date_____ Age_____

Male Female

Current Grade: PreK K 1st 2nd 3rd 4th 5th 6th

Shirt Size: Youth XS S M L XL Adult S M L XL XXL 3XL

CHILD 4 HEALTH INFORMATION

Physician Name_____ Phone_____

Are there any health issues/concerns (ie seizures, asthma, allergies)? No Yes

Please explain-_____

Are there any physical, psychiatric, behavioral, emotional or developmental concerns our staff should be aware of? No Yes

Please explain-_____

(Routine medications cannot be administered by staff. Life-saving medications, such as an epi-pen, or inhaler may be given if a parent-signed copy of the RX with directions is provided prior to camp.)



PICK-UP POLICY

Participants will ONLY be released to Mother/Father/Guardian unless otherwise noted below. Please list any OTHER individuals you authorize to pick up your child/children. Each authorized person must be at least 16 years of age. Your children will not be permitted to leave the camp with anyone not listed below. All authorized individuals may be required to show identification and sign the children out each day. Any changes must be made in writing.

Pick-Up Person Name	Phone	Relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____

LATE PICK-UP POLICY

Children must be picked up by 5:15 pm.
I have read, understand and agree to the above policies for day camp programs.

Signature	Date	Printed Name
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ACTIVITY PROGRAM/FIELD TRIP LIABILITY RELEASE/AUTHORIZATION

I hereby represent and warrant that I am the guardian of (list all children)

and am authorized to provide the releases, authorizations and permissions as stated below and all information above is accurate and complete. I hereby give permission for the child/children listed above to participate in all program activities, including field trips in approved vehicles, vans or buses, and agree to release Clawson Assembly of God, its agents, officers, employees and servants from all liability arising from any harm or injury incurred by the participation of my child in Kamp Clawson. Unless otherwise indicated by a parent/guardian in writing at the time of registration, photographs of participants for use of promoting Kamp Clawson may be taken while participating in the program activities. No personal information other than the participant's first name will be released under any circumstances except as required by law. By way of copy of this form, I authorize the staff of Kamp Clawson and Clawson Assembly of God to obtain medical/hospital treatment for the above participant in the event of an emergency.

Signature	Date	Printed Name
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