



The Suffolk Corps & Community Center Day Camp Registration Form

Camper Name: _____

Parent/Guardian Name: _____

2026 Availability & Registration Deadlines

I would like to register for the following weeks of camp (please check all that apply):

- Week 1: June 8 to June 12 | Register by June 1
- Week 2: June 15 to June 19 | Register by June 8
- Week 3: June 29 to July 3 | Register by June 22
- Week 4: July 6 to July 10 | Register by June 29
- Week 5: July 13 to July 17 | Register by July 6
- Week 6: July 27 to July 31 | Register by July 20

Camp Schedule & Fees

- Monday–Friday, 9:00 AM – 4:00 PM | \$50 per week
- Early Drop Off (7:30 AM – 9:00 AM): Additional \$10 per week
- After Care Services (4:00 PM – 6:00 PM): Additional \$10 per week
- Healthy snacks and lunch provided daily
- Limited spots available — don't wait!

Registration and Payment

Completed applications must be returned to our office by the registration deadlines outlined above. Payments must be received with your application to secure your child's spot. You may pay by check, cash, or online through our secure payment processing system. ***Typically, there are no refunds for camp registration. Extenuating circumstances will be considered on a case-by-case basis.*

I will be paying by:

- Check (made payable to The Salvation Army)
- Cash
- Credit Card

Participant Information (Please Print)

Name of Child _____

Nickname (if applicable) _____

Age of Child _____ Birth Date _____ Sex _____ Male _____ Female

Parent(s)/Legal Guardian(s) Information

Name of Parent/Guardian _____ Relationship _____

Name of 2nd Parent/Guardian _____ Relationship _____

Child's Primary Address _____

City, State, Zip _____

Preferred Phone _____ Cell Work Home

Alternate Phone _____ Cell Work Home

Email address _____

Alternate Emergency Contact Information

(Parent/Guardian(s) to be contacted first. Please list 2 alternate contacts for emergencies.)

Name _____ Relationship _____

Preferred Phone _____ Cell Work Home

Name _____ Relationship _____

Preferred Phone _____ Cell Work Home

(For Office Use Only)

Identity Verification

Child's Birthdate Verification _____ Child's Place of Birth _____

Child's Birth Certificate Number & Date Issued _____

Other Form of Proof of Identity _____

Details _____

Date Viewed & Completed Application Accepted _____

Activity Responsibility Agreement

I, the undersigned, understand the risks and dangers inherent in participating in The Suffolk Corps & Community Center Summer Day Camp Program, hereinafter "Activity," for up to one year. I also understand that to be allowed to participate in this Activity and associated Activities; I must agree not to hold The Salvation Army liable for any injury or damage I may suffer while participating in or going to/from any Activity.

Knowing this and considering being permitted to participate in any Activity voluntarily, and recognizing the charitable nature of The Salvation Army, I hereby voluntarily release The Salvation Army from any liability resulting from or arising in any manner whatsoever out of any participation in any Activity.

- I understand and agree that I am releasing The Salvation Army and its officers, agents, and employees. I understand and agree that this waiver/release will have the effect of releasing, discharging, saving, and forever relinquishing any actions or causes of action that I may have or have had, whether past, present, or future, whether known or unknown, and whether anticipated or unanticipated by me, whether through acts or omissions by The Salvation Army's personnel or other unrelated third parties or other participants.
- I understand and agree that this waiver/release will be binding on me, my spouse, my heirs, my representatives, my assignees, my children, and any guardian ad litem for said children.
- I understand and agree that by signing this waiver/release, I am assuming full responsibility for any and all risk of death, personal injury, or property damage suffered by me while participating in any Activity, including but not limited to health care expenses.
- By signing this waiver/release, I understand and agree to release, indemnify and hold The Salvation Army, its officers, agents, or employees harmless from any liability or costs, including attorney fees, associated with or arising from my participation in any Activity.
- I understand and agree that I am signing this waiver/release on behalf of my minor child, and that I will be giving up the same rights for said minor as I would be giving up if I had signed this document on my own behalf.
- I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT.
I acknowledge that I have read this waiver/release agreement and understand its words and language. I understand there are potential dangers incidental to participating in any activity and going to/from any activity. I execute it voluntarily and with full knowledge of its meaning and significance.

I understand that while at The Suffolk Corps & Community Center, the child named may take part in activities such as swimming, rock climbing, gym activities, and other activities consistent with the purposes of the program.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above or I if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby permit agents of The Salvation Army to seek and secure any needed medical attention or treatment for the child named above or me if I am a participant, including hospitalization if, in the agent's opinion, such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again; I agree to pay for the medical treatment.

Guardian Signature: _____

Date: _____

Consent to Publication by The Salvation Army

I certify that I am 18 years of age, my birth date being _____ and having the right to contract in my own name and to the extent herein set forth.

I hereby irrevocably grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission, and consent to use and reuse, disseminate, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication or media, my child's name, signature and likeness, and any portraits, pictures, photographic prints or other representations of my child, or in which my child may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with my child's name or a fictitious name, or the name of another person, with or without any statements or testimonials made by my child, or authorized by me which you may, in your discretion, prepare for use in connection therewith. I warrant that I have not limited or restricted the use of my child's name or photograph to the use of any organization or person.

I hereby grant unrestricted use of audio tracks or text by The Salvation Army for purposes that The Salvation Army may deem appropriate.

I hereby release and discharge The Salvation Army, its successors, assigns, and agents from any claims and demands arising out of or in connection with the use of any of the foregoing, including any claims for defamation, invasion of privacy, or violation of any statutory right.

Print Name: _____

Signature: _____

Date: _____

Authorization Relating to A Minor or Individual Under Local Guardianship

I hereby certify that I am the parent/legal guardian of a minor child or dependent _____

and have executed this release on (his)/(her) behalf.

Signature of Parent or Legal Guardian

Date

Print Name of Parent or Legal Guardian

Health Information & History

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

Diet/Nutrition eats a regular diet has special food needs/allergies described below)

Allergies: no known allergies allergies (please describe below)

Restrictions: Please list any and all restrictions that may limit your child's participation in camp activities (i.e. r physical, mental, or psychological conditions).

Health Insurance Information

Insurance Company: _____

Policy Number: _____

Primary Care Physician: _____

Office Phone: _____

Swimming Ability

Non-swimmer

Beginner

Moderate

Other Information

Other information leaders should know about the child:

Physical Examination & Immunizations

- Provide a copy of a comprehensive physical examination by a physician, registered nurse, or health department official completed within the last 24 months.
- Provide a copy of the child's shot record

Illness Notifications

- The Salvation Army agrees to notify the parent whenever the child becomes ill or hurt. The parent/guardian will arrange to have the child picked up as soon as possible if requested by The Salvation Army.
- The parent/guardian agrees to inform The Salvation Army within 24 hours or the next business day after the child, or any immediate household member has developed a reportable communicable disease as defined by the State Board of Health, except for life-threatening diseases, which must be reported immediately

Release of Child

When program activities have concluded, my child may be released into the care of:

Name	Phone Number	Relationship

**Persons NOT authorized to pick up child:

Name	Phone Number	Relationship

- Custodial Parent must provide appropriate legal paperwork to be kept on file when he/she requests The Suffolk Corps & Community Center not release the child to the other parent.
- Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the non- custodial parent of a student must be included, upon the request of said parent, as an emergency contact for events occurring during the program's activities.

Child's Agreement for Salvation Army Activities

I agree to participate in the functions and activities of The Salvation Army and to cooperate with the leaders and other young people. I promise to respect myself, respect other persons, and respect property. I understand that my continued participation in Salvation Army activities depends on my support of this agreement.

Child's Name/Signature

Date

Parent/Guardian Release

I am the parent or legal guardian of the minor, and I am signing this waiver/release on behalf of said minor.

I have received and reviewed the Suffolk Corps & Community Center Handbook.

Signature of Parent or Legal Guardian

Date

Print Name of Parent or Legal Guardian

Age of Minor

Witness Signature

Date