



CHESAPEAKE ACADEMY

Summer Camp 2010 Registration

Camper Information:

Participant's Name: _____ Male Female Date of Birth: _____

Address: _____ T-Shirt Size: _____

Home Phone # _____ Grade Child Will Complete in Spring 2010: _____

Parent / Guardian Information:

Mother's Name: _____ Work # _____ Cell # _____

Father's Name: _____ Work # _____ Cell # _____

Who has legal custody? Mother: _____ Father: _____ Both: _____ Guardian: _____ Other: _____

Family e-mail address: _____

Emergency Information:

List any food allergies: _____

List any medical requirements: _____

Permission to give over the counter medications when needed: (please initial one) YES _____ NO _____

Ok for age/size appropriate doses of (initial those that apply) Tylenol: _____ Throat lozenges: _____ Benadryl: _____

Medications from home must be in the original container with label intact and child's name on it.

Doctor's Name: _____ Phone # _____

Two people to contact if parent(s) cannot be reached:

1. Name: _____ Phone # _____

2. Name: _____ Phone # _____

Person(s) authorized to pick up child:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Person(s) NOT authorized to pick up child: (if a parent, court documentation must be attached with this form)

1. _____ 2. _____ 3. _____

AGREEMENTS

I have read and understand the following (initial after reading):

1. ____ I, parent/guardian give permission for my child to travel to various field trips in an authorized Chesapeake Academy vehicle. I parent/guardian understand that I will be informed of all planned field trips.
2. ____ I, parent/guardian agree to hold harmless Chesapeake Academy, Inc., it's Board of Trustees, administration, faculty, camp staff or any affiliates of same (persons or organizations acting on behalf of Chesapeake Academy) jointly and/or severally in the event of accident or mishap.
3. ____ I, parent/guardian, hereby authorize the Chesapeake Academy Summer Camp Program, acting as an agent of the program to act in *loco parentis* with respect to emergency medical treatment for my child's health and well-being. I also agree to be responsible for any cost associated with such care.
4. ____ I, parent/guardian, grant permission for my child to be included in Chesapeake Academy Summer Camp pictures, and give permission for those pictures to be used for displays, brochures, and promotional materials with no compensation to my child or me.
5. ____ I, parent/guardian, understand that my child will be swimming during the program hours.
6. ____ I, parent/guardian, hereby certify that to the best of my knowledge, my child is able to safely participate in the program activities for which he or she has been registered.
7. ____ I, parent/guardian, hereby authorize Chesapeake Academy to aid my child, in the application of sunscreen and bug spray.
8. ____ The Camp Director reserves the right to send home any child who puts himself/herself or others at risk, including emotional and physical injury.
9. ____ The Chesapeake Academy Summer Camp Program agrees to notify the parent(s)/guardian(s) whenever the child becomes ill. The parent(s)/guardian(s) will arrange to have the child picked up as soon as possible when requested by the camp.

SIGNATURES:

Parent or Guardian: _____ **Date:** _____

To complete the registration process:

- Make sure registration form is complete. If you are registering by mail, please include camper sign up when mailing your packet in.
- If not a student at Chesapeake Academy, please attach a copy of your child's Birth Certificate and Medical Physical Form
- Payment must be made in full to register for any camp
- Register at Chesapeake Academy, Monday-Friday 8am-4pm (9am-3pm during Spring Break, March 29-April 2)
- Or mail registration to:
Chesapeake Academy
Attn: Summer Camp 2010
P.O. Box 8
107 Steamboat Road
Irvington, VA 22480

For more information or any questions, please contact:

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