



CHESAPEAKE ACADEMY

Summer Camp 2011 Registration

**Camper Information:**

Participant's Name: \_\_\_\_\_ Male  Female  Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Grade Child Will Complete in Spring 2011: \_\_\_\_\_

**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 7-11)
- Or mail registration to:  
Chesapeake Academy  
Attn: Summer Camp 2011  
P.O. Box 8  
107 Steamboat Road  
Irvington, VA 22480

For more information or any questions, please contact:

**Cynthia Walker**  
[cwalker@chesapeakeacademy.org](mailto:cwalker@chesapeakeacademy.org)  
804.438.5575