CAC Camp Registration 2020

Separate form must be completed for each camper.

CAMPER NAME	DATE OF BIRTH	AGE	M/F	GRADE*	T-SHIRT SIZE

*Grade as of January 2020.

Address: _____

City _____ Zip Code: _____

Home Phone: _____

Is the camper being registered a: ☐ CAC MEMBER ☐ CAC NON-MEMBER

CAMP POLICIES

Initial _____

DOWN PAYMENT

Parents/guardians may reserve a spot in Discovery, Explorer, or Adventure Camp with a $30 non-refundable, non-transferable down payment for each week of camp (per camper). The balance is due no later then the Monday prior to the week registered **or a $20 late fee will be assessed on the account**. Failure to make payment in full will result in reservation(s) being cancelled or camper(s) being withdrawn from camp. A new reservation may be obtained on a space available basis. The $30 down payment is non-refundable, non-transferable, regardless of when refund is requested and regardless if camper(s) spot is filled with waitlist participant.

_____

CAMP REFUND

Refunds, credits, or transfers to another class or camp will be granted, when requested at least five (5) business days prior to the start date of camp, less the $30 down payment. Refunds requested less than five (5) business days prior to the start of camp, or after the camp has started will not be granted. Failure to attend a registered camp will be considered a forfeiture of materials supplied and all fees paid. The Parks and Recreation Division reserves the right to cancel, combine or divide classes, to change times, dates or class locations, to change the instructor assignments, and to make other revisions in these offerings. In the event the Parks and Recreation Division cancels a camp, a full refund or credit will be issued, including the down payment.

_____

CAC MEMBER/CAC NON-MEMBER FEES

Pricing is listed as CAC Member/CAC Non-Member. To receive CAC Member rate, camper(s) must be a current member at the time of registration. Refunds will not be granted if camper(s) become a member after time of registration.

_____

WAITLIST

In order to reserve a spot on the waitlist all required forms must be completed for each camper by the parent/guardian. There is no fee to be placed on the waitlist. If a spot becomes available in the desired camp the camper(s) parent/guardian that is prioritized at the top of waitlist (prioritized according to date and time of the received required registration forms) will be contacted via telephone and e-mail. The parent/guardian will have 24 hours from the time of the e-mail to make full payment for the desired camp. If payment is not received within 24 hours, the camper(s) parent/guardian next on the waitlist will be contacted via telephone and e-mail.

Emergency Information & Pick Up Authorization

Separate form must be completed for each camper.

MOTHER'S INFORMATION

Name: _____

Address (if different than camper): _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

☐ Yes, please sign me up for CAC email ☐ No, I would not like to receive CAC email at this time

Email will be used for CAC promotions and contacts only. Some promotions will be through email only.

FATHER'S INFORMATION

Name: _____

Address (if different than camper): _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

☐ Yes, please sign me up for CAC email ☐ No, I would not like to receive CAC email at this time

Email will be used for CAC promotions and contacts only. Some promotions will be through email only.

PICK UP AND EMERGENCY CONTACT INFORMATION (Emergency contact must be someone other than parent)

NAME	PHONE	ALTERNATIVE PHONE	RELATIONSHIP TO CHILD	CHECK IF EMERGENCY CONTACT	CHECK IF AUTHORIZED TO PICK UP
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Individuals must enter the facility and present photo ID in order to pick up camper from camp. I hereby give permission to the Town of Flower Mound Staff to release my child to the individuals listed above.

Signature: _____ Print Name: _____ Date: _____

Camp Medical Information

Separate form must be completed for each camper.

CAMPER NAME: _____

CHECKLIST

- ☐ Copy of Current Shot Records
- ☐ Copy of Current Insurance Card
- ☐ Physician's Statement for any special needs listed below

PRIMARY CARE PHYSICIAN

Doctor's Name: _____ Practice Name: _____

Phone: _____

MEDICAL CONDITIONS

Please list any known allergies: _____

_____

Please list any special needs or medical conditions. *Special needs may require a physician's statement.

_____

_____

_____

MEDICATION

Medications dispensed will be limited to routine oral ingestion not requiring special knowledge or skills on the part of Program Employees.

PRESCRIPTION MEDICATION

Prescription medications must be in the original containers labeled with the camper's name, date, directions, and the prescribing physician's name. Employees will administer the medication only as stated on the label. Employees will not administer medication after the expiration date.

MEDICATION	DOSAGE	SPECIFIC TIMES TAKEN EACH DAY	REASON FOR TAKING

NON-PRESCRIPTION MEDICATION

Non-prescription medications must be labeled with the camper's name and the date the medication was brought to the Camp. Non-prescription medication must be in the original container. Employees will administer non-prescription medications only according to label directions. Employees will not administer medication after the expiration date.

MEDICATION	DOSAGE	SPECIFIC TIMES TAKEN EACH DAY	REASON FOR TAKING

I hereby give permission to the Town of Flower Mound Staff to administer above medications to my child.

Signature: _____ Print Name: _____ Date: _____

OFFICE USE ONLY

Insurance Name: _____ Policy Holder: _____

Group #: _____ Policy #: _____

☐ Shot Record ☐ Copy of Insurance Card ☐ Physician's Statement (if necessary)