

WEEK(S) _____

Camper's name _____ Age _____

Emergency Contact 1

Name _____

Phone _____

Emergency Contact 2

Name _____

Phone _____

Adults authorized to pick up:

My child can participate in water activities. yes _____ no _____

My child can participate in outdoor activities. yes _____ no _____

My child's photo (but not his/her name) may be used for social media.

yes _____ no _____

A snack will be provided daily.

Medical concerns/Allergies (please explain)

In the case of an emergency, my child can be transported by ambulance to:

_____ hospital. _____
(initials)

I understand that The Pottery Playce Summer Camp is designed for children who are respectful, responsible, safe and kind. In the event that a child cannot exhibit these behaviors, we reserve the right to dismiss you child from the program and receive refund for the remaining days of the program.

(initials)

WEEK(S) _____

The Pottery Playce maintains a standard insurance policy that does not cover medical costs for anyone injured during the normal course of participation in any activity. All children participate at their own risk. _____

(initials)

My child will attend: (Choose any many as you would like!)

WEEK 1 JULY 8-12 _____

WEEK 2 JULY 15-19 _____

WEEK 3 JULY 22-26 _____

DEPOSIT RECEIVED ON _____ BY _____

\$ _____

The remaining balance must be paid on the first day of camp. _____

(initials)