



Registration Form

Additional forms can be downloaded at www.campkewaunee.com

Make checks payable to: **Harvest Community Church**

Child's Name: _____

Home Address: _____

City, State & Zip: _____ Date of Birth: ___ / ___ / ___ Grade Child Will Enter This Fall: _____

Parent/Guardian Name(s): _____

Home/Cell Phone: _____

Work Phone: _____ Email Address: _____

Emergency Contact Person: _____ Relationship to Participant: _____

Phone(s): _____

Physicians Name & Phone: _____

Special Considerations (medication, disability, allergies, etc.): _____

T-Shirt Size (Youth & Adult Sizes, choose one): **(Only with registration on or before July 11)**

Youth: __ S __ M __ L Adult: __ S __ M __ L __ XL __ XXL

For Morning Sports Camp check one: Soccer Basketball Poms/Cheerleading Baseball ** Sports Sampler

**Only 5 and 6 year olds have the option to choose the Sports Sampler.

Discounts:

Harvest's goal is to provide value-based programming for everyone. These discounts can help make your summer more affordable.

To receive the 'Bring a Friend' or 'Multiple Child' discounts:

- **All registration forms need to be submitted together**
- **No refunds**
- **First friend and/or sibling pays full price**

Partial scholarships may be available for families in need.

	Dates	Time	Price(Discount)	Totals
All-Day Camp Ages 5-10 (includes lunch and snacks)	August 2-6	9:00 a.m.- 4:00 p.m.	\$40/wk	
AM Sports Only - Ages 5-10 (includes snacks)	August 2-6	9:00 a.m. - Noon	\$25/wk	
PM Science Only - Ages 5-10 (includes snacks)	August 2-6	1:00 - 4:00 pm	\$25/wk	
Extended care mornings 7:00 - 9:00 a.m.	Circle mornings needed M T W T F		\$3.00 each morning	
Extended care afternoons 4:00 p.m. - 6:00 p.m. Please send after-camp snack	Circle afternoons needed M T W T F		\$3.00 each afternoon	
			Sub-Total	
Early Registration received on or before Sunday, July 11, 2008			(-\$5.00)	
Bring a Friend discount. (Attach friend's registration) One friend pays full price – one friend discount			(-\$5.00)	
Sibling discount (Attach sibling's registration) First sibling pays full price one sibling discount per person			(-\$5.00)	
			Final Total	

I grant full permission for my child named above to attend 2010 Day Camp at Harvest Community Church in Oak Creek, Wisconsin.

I understand that there is always a possibility that my child may sustain physical illness or injury while at camp. In order that my child may receive the proper medical treatment, I hereby authorize the camp staff to obtain or provide medical treatment for my child, and I hereby hold the staff and Harvest harmless in the exercise of this authority. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my child for physical illness or injury that they may sustain. I acknowledge and understand that my child is assuming the risk of physical illness or injury. I further release Harvest and its representatives from any claims for personal illness or injury that my child may sustain during camp.

I acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of the camp. Such failure will result in removal from camp. No refunds will be given.

I understand that Harvest may take photographs and/or video footage of Day Camp activities. I agree that the church shall be the owner of and may use such photographs relating to the promotion of future camps. I relinquish all rights concerning the use of any photographs and/or video.

I have read the above paragraphs with my child and we fully understand them and will comply with them.

Signature of Parent or Guardian _____ Date ___ / ___ / ___