



# 2019 Summer Camp Registration Form

Ruff House Family Entertainment Center, Fremont, NE | 402-721-1032

### COMPLETE ONE FORM PER CHILD

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender (circle one): Female Male School: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Email: \_\_\_\_\_  Please send me my confirmation via email

Camper Shirt Size:  Youth Small  Youth Medium  Youth Large  Adult Small  Adult Medium

How did you hear about us?  Website  Parent Referral  Facebook  Twitter  
 Instagram  Summer Activity Guide  Walk-in  Other: \_\_\_\_\_

### CAMP SESSIONS

Please indicate which camp sessions you are registering for. Check as many boxes as apply. Circle: A for 9am-12pm and/or P for 1pm- 4pm.

- |                                    |   |   |   |  |  |   |   |
|------------------------------------|---|---|---|--|--|---|---|
| <input type="checkbox"/> Session 1 | June 3 <sup>rd</sup> -7 <sup>th</sup>   | A | P | <input type="checkbox"/> Session 6               | July 8 <sup>th</sup> -12 <sup>th</sup>         | A | P |
| <input type="checkbox"/> Session 2 | June 10 <sup>th</sup> -14 <sup>th</sup> | A | P | <input type="checkbox"/> Session 7               | July 15 <sup>th</sup> - 19 <sup>th</sup>       | A | P |
| <input type="checkbox"/> Session 3 | June 17 <sup>th</sup> -21 <sup>st</sup> | A | P | <input type="checkbox"/> Session 8               | July 22 <sup>nd</sup> -26 <sup>th</sup>        | A | P |
| <input type="checkbox"/> Session 4 | June 24 <sup>th</sup> -28 <sup>th</sup> | A | P | <input type="checkbox"/> Session 9               | July 29 <sup>th</sup> - August 2 <sup>nd</sup> | A | P |
| <input type="checkbox"/> Session 5 | July 1 <sup>st</sup> -5 <sup>th</sup>   | A | P | <input type="checkbox"/> Lunch Care Dates: _____ |  |   |   |

\*\*\*\*\*All dates and times are subject to change or cancellation at any time. Minimum of 5 campers per week. \*\*\*\*\*

### PAYMENT

#### Camp Fees:

- Day Camper (\$100 tuition for 1st half session \$75 each additional) (\$100 X 1) + (\$75 X \_\_\_\_ # of ADD sessions) = \_\_\_\_\_
- Lunch Care (\$20 tuition per week) Sack Lunch Required\* \$20 X \_\_\_\_ (# of weeks) = \_\_\_\_\_
- T-Shirt Fee (\$10 one time) Camp T-Shirt Required\* \$10 X 1 = \_\_\_\_\_ \$10

**Total =** \_\_\_\_\_

**A non-refundable deposit of \$20.00 PER CAMP SESSION is due with this application.**

**The deposit is applied to your total balance. Balances must be paid in full by the end of the week before your session.**

#### I would like to pay:

- Deposit: \$20.00 X number of sessions: \$ \_\_\_\_\_
- Balance in full (See above to calculate total for desired program)
- Enclosed is my check in the amount of: \$ \_\_\_\_\_
- Please bill my credit card the following amount: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_ Circle: MasterCard - VISA - Discover - Amex

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CSV: \_\_\_\_\_ Signature: \_\_\_\_\_

Cancellations will be accepted up to one month prior to the start of the session. Cancellations will result in the forfeiture of the non-refundable deposit per session. If we do not have 5 campers and choose to cancel a session your deposit may be applied to another session or refunded.

**I have read, understand and agree to the terms of this application.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE DROP OFF REGISTRATION FORM WITH PAYMENT AT RUFF HOUSE FAMILY ENTERTAINMENT CENTER.

YOU CAN ALSO EMAIL IT TO [CAMP@RUFFHOUSEFEC.COM](mailto:CAMP@RUFFHOUSEFEC.COM)

# AUTHORIZED PICKUP LIST / EMERGENCY MEDICAL RELEASE

## COMPLETE ONE FORM PER CHILD

### Pick-up List

Anyone picking up a camper must provide a photo I.D. and be listed below.

Parent/Guardian Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List up to 3 other people (other than parent/guardian) who are authorized to pick up the camper and should be contacted in case of a medical emergency or emergency pick-up if parent/guardian cannot be reached.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Emergency Medical Release

In case of an emergency, I understand every effort will be made to contact me or the emergency contact persons listed above. In the event that we cannot be reached, I hereby give permission to the physician listed on the form to hospitalize, secure proper treatment and to order anesthesia or surgery for my child.

Physician's Name: \_\_\_\_\_ Hospital Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy and/or Group #: \_\_\_\_\_

### Allergies and Medications

Known Allergies: \_\_\_\_\_

Does your child need to take medication(s) during camp (circle one)?    Yes    No

If your child requires medication, please specify: \_\_\_\_\_

The Permission to Administer Medication form must be completed and given to the Camp Director on the first day of each camp session. Medications must be accompanied by the original physician's prescription with clearly written directions. If your child has other special needs (language, learning disability, speech, hearing, food allergies, etc) please contact the Camp Director at 402-721-1032.

### Medical Release

I authorize West Invest LLC dba Ruff House as agent for the undersigned to consent with respect to said minor, to an x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician, surgeon, or medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that West Invest LLC dba Ruff House is not responsible for costs incurred for medical care.

### Optional Statistical Data

Do you speak a language other than English at home (Circle one)?    Yes    No

### Policies

#### Backpack Search

I agree that any camp participant's belongings may be searched outside the participant's presence for drugs, alcohol, weapons, or other forbidden objects.

#### Lost or Stolen Items

Camper's are asked to leave any valuables and electronics at home. The West Invest LLC dba Ruff House and its employees are not responsible for lost or stolen items.

#### Photographs

I give my permission for my child's photograph or video to be taken for use by West Invest LLC dba Ruff House in program brochures, annual report, website, social media sites and other promotional materials and for release to local newspapers.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_