

Independence Lake Park – 2019 Summer Camp Registration Form • 734-449-4437 • <https://parksonline.ewashtenaw.org>

For children who have completed Kindergarten through 11 years of age. *One form per child*



Child's Name: _____ Birthdate: _____ Age: _____ Gender: M or F

Parent or Guardian Name: _____ Primary Phone # : _____

Address: _____ City: _____ Zip: _____ Email Address : _____

In order to provide the most positive experience for your child, please provide any information in regards to your child's behaviors, tendencies, needs and unique qualities: _____

Please check the space next to the week(s) for which you are registering.

Week #	Dates	✓	Fee	✓	Pre-camp	✓	Post-camp	TOTAL
1	June 17-21		150.00		30.00		30.00	
2	June 24-28		150.00		30.00		30.00	
3	July 1-3, 5		120.00		24.00		24.00	
4	July 8-12		150.00		30.00		30.00	
5	July 15-19		150.00		30.00		30.00	
6	July 22-26		150.00		30.00		30.00	
7	July 29- August 2		150.00		30.00		30.00	
8	August 5-9		150.00		30.00		30.00	
9	August 12-16		150.00		30.00		30.00	
TOTAL								

Select Payment Option (Cash accepted in person):

<input type="checkbox"/>	Check/Money Order. Make checks payable to WCPARC.
<input type="checkbox"/>	One time credit card payment (pay in full)
<input type="checkbox"/>	PAYMENT PLAN (Cannot be done online. Form must be submitted.) \$25 deposit per child/week due at time of registration. Balance for Weeks 1-2 charged June 1; Weeks 3-7 charged July 1; Weeks 8-9 charged August 1.

Card Number _____ Exp date ____/____/____

Signature _____

OFFICE USE ONLY:				
Check #	Cash Amt \$	CC Approved	Staff Initials	Date

**Washtenaw County Parks & Recreation Commission
Summer Day Camp - Policies
Cancellations**

All cancellation requests must be submitted in writing to the Camp Director no later than 5pm on the Thursday prior to the enrolled session. Cancellations submitted by the deadline will be refunded, minus a \$25 cancellation fee per week, per child. No refunds will be issued for requests submitted after the deadline without a physician's note for illness or injury.

Transfers

All transfer requests must be submitted in writing to the Camp Director and will only be processed if space allows. After June 1, all transfers will incur a \$10 fee per week, per child. Registration transfers between locations (Independence Lake County Park, Meri Lou Murray Recreation Center, and Rolling Hills County Park) will also incur a \$10 fee per week, per child. Transfers are not permitted after the enrolled session has begun.

Zero Tolerance

WCPARC Camps have a **zero** tolerance policy towards physical violence of any nature. Incidents involving any type of violent act will result in a meeting with camp administration, and disciplinary suspension, possibly including an expulsion from camp. I understand that my child will be expected to comply with the established guidelines for camp, which require children to refrain from using **any** foul language, hitting, biting, and or using threats, etc.

Waiver

I attest that my child is physically capable of participating and give my permission to participate in all activities in the above program for which I have registered and hereby release Washtenaw County Parks and Recreation Commission from any responsibility whatsoever for personal injuries, damages, or loss of equipment resulting from participation. I also understand that any pictures taken of me and my family may be used for WCPARC promotional material.

Signature _____

Date _____