2019 SUMMER BOWLING CAMP REGISTRATION FORM

Please complete this form and mail with payment to: 570 Columbia Turnpike, East Greenbush, NY 12061. Checks should be made payable to: East Greenbush Bowling Center
Please put "summer camp" in the memo section of your check.
Forms and full payment must be received by August 1st 2019.

Name _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Telephone # _____ **E-mail address:** _____
Sex: M F **DOB:** ___/___/_____ **Age at time of camp** _____

Parent/Guardian First & Last Name: _____

Daytime phone number to be reached at: _____

Alternative Emergency Contact Person: _____

Contact number _____ **Relationship** _____

***Please tell us about any medical concerns, allergies, disabilities, etc that we should be aware of** _____

_____

***Please tell us about your child! Are they coming to camp with friends? Do they have bowling experience, etc?** _____

_____

If either of the above questions requires more space, please continue on the reverse side of this paper.

Medical treatment authorization: I do hereby state that I have legal custody of the aforementioned minor. I grant my authorization and consent for the camp directors at East Greenbush Bowling Center (hereafter "designated adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the designated adult to summon any and all professional emergency personnel to attend, transport, and treat your child and to issue consent for treatment, or hospital care deemed advisable by a licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment, but it is given to provide authority and power on the part of the designated adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel. This authorization is solely for the weeks of camp when my child is present, and is only to be valid until I am present.

Parent/Guardian signature _____**Date** _____

Payment information and details:

1. **Which week(s) will your child be attending camp? Please check all that apply.**

   ___Week of August 12th 2019

   ___ Week of August 19th 2019

2. **What time will your child be attending camp?**

   ___ Standard time 9AM- 5PM

   ___ Alternate time 8AM- 4PM

   ___ Extended time 8AM– 5PM ($10 per week, extra)

3. **Does your child want breakfast each morning upon arrival?**

   ___ No

   ___ Yes, (extra $10 per week)

4. **Does your child want a T-shirt? This must be ordered by August 1st, 2019.**

   ___ No

   ___ Yes, (extra $10 – but its free if your child is attending both weeks) size: ____

TOTAL: The amount per week per child is $160.00

+ $10 for extended day (if applicable)

+ $10 for T-shirt (if applicable)

+$10 for breakfast (if applicable)

= total amount due: _____ which must be paid by August 1st, 2019

PLEASE NOTE: An additional $5 charge will be made for each full 15- minute increment that parents arrive late in picking up their children from the registered pick-up time, at the discretion of the director.

For Office Use Only - to track payments made towards total due: _____. A receipt should be written each time and money should be rung into the Summer Camp league.

1- **Amount paid _____ date _____ employee initials _____**

2- **Amount paid _____ date _____ employee initials _____**

3- **Amount paid _____ date _____ employee initials _____**

4. **Amount paid _____ date _____ employee initials _____**

Camp Notes and Info:

Please keep this sheet for your own records after registering your child.

- **Our camp will run the weeks of August 12th and August 19th 2019.**
- **Campers may attend for either or both of the weeks. Though there are two weeks, the curriculum followed runs independently from one another so campers can attend one or both without conflict/repetition.**
- **We will operate from 9 AM until 5 PM. – Please do not drop children off prior to 8:50am. All children must be picked up by 5:15pm at the latest. We do also have the option of 8AM until 4PM for parents whose work schedules will not accommodate the 9-5 schedule. An extended day (8 am – 5pm) is available for an additional fee of $10.00 per child, per week.**

- Summer camp is open to any child between the ages of 4-14. Children must be independent enough to use the bathroom on their own as one-on-one supervision is not offered.

- The cost per child for each week is $160.00. This may be paid in installments but must be paid in full by August 1st. No refunds will be given. Your weekly fee includes lunch and snacks which will be provided daily. A menu will be made available once registration is completed. Breakfast is available for an additional $10 per week, per child.

- This program will be held on the premises of East Greenbush Bowling Center. Children will not be permitted to leave the premises without consultation of the child's guardian. (In the event that someone different will be picking up your child, we must be notified in advance.) All children will be checked-in and checked-out individually at the start and end of each day.

- Activities: Bowling, arts and crafts, games (small and large group), dancing, movies, and bowling instruction (for those who would like it), will be offered during a typical day at camp. The arcade games will be made available at certain times for those who choose to bring funds to play since these are not included in the price of the camp.

- Children who continually break rules bully, and /or who are seen as a risk factor to the safety or security of themselves or other campers will have their parents called and will be asked to leave. No refunds will be given for children who are required to leave due to behavior issues.

- To conclude the camp, we will have an ice cream social on each Friday!

We look forward to having your child spend the week(s) with us. If you have any questions or concerns, please call the center at (518)477-9306 and ask for Kelly or Sabrina. We will have a "meet the counselors" night on Wednesday, August 7th, 2019.