

2010 Columbia Association Summer Camps Registration Form

Highlight or shade the appropriate box(es) for the camp(s) and extended care for which you are registering. One form per camper (photocopy additional copies if needed). Please retain a copy of this form for your records. Copies will not be provided by CA. Please check your form for accuracy. You will be charged for each week you indicate.

Camper's Last Name		Camper's First Name		Birthdate (MM/DD/YY)		Age		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Camper's Street Address (Apt #) PO Boxes are not considered resident property.				City		State		Zip			
		June/July		July				August			
Camp Name	Grades Fall 2010	21-25	28-2	5-9	12-16	19-23	26-30	2-6	9-13	16-20	23-27
Art Camp	1st-8th	1	2	3	1	4		5			
Baseball Beginners	7-11 yrs old				1	2					
Baseball Intermediate	8-12 yrs old						1				
Basketball Camp	3rd-10th	1	2	3	4	5	6	7	8		
Camp Discovery	7th-10th							1	2		
Camp Make a Difference	6th-9th	1	2	3	4						
Get Active Camp	8-13 yrs old									1	2
Girls on the Go	6th-8th	1		2		3		4			
Intro to Sports and Games	1st-6th	1	2	3	4	5	6	7	8		
Jungle Land Fun Camp	3.5-5 yrs old			1	2	3	4	5	6		
Lacrosse/Field Hockey (Girls)	2nd-9th	1									
Lacrosse/Football (Boys)	2nd-9th	1									
Lacrosse/Soccer (Coed)	2nd-9th		1	2							
Modeling Fashion Camp	11-18 yrs old	1									
Nature Camp	K-5th	1	2	3	4	5	6	7	8	9	
Skate and More	1st-5th		1		2		3			4	
Skate Park Tour	6th-10th			1		2		3			4

Has your child not received any immunizations due to religious or medical reasons? YES NO If yes, please contact the camp office at 410-715-3165 to receive the release exemption form.

Month and Year of last Tetanus shot (DTP): _____
(Required by State of MD) Failure to supply date, will result in return of your registration form.
Previous records/dates are not kept by the Columbia Association.

Health Ins. Company: _____
ID#: _____

Physician's Name _____ Phone Number _____

The Special Care Form should only be completed for campers who have special needs, medical conditions or allergies. (See page 29.)

Does camper have any special and/or medical conditions? YES NO If yes, please explain _____

Does camper have any dietary restrictions? YES NO If yes, please explain _____

Does camper have any allergies? YES NO If yes, please explain _____

A Medication Order Form must be completed for each medication the camper will take during the camp session(s) and/or extended care. Please bring completed Medication Order Form(s) and medication to the camp site on the first day of camp. (See page 27).

Does camper take medication? YES NO If yes, please list medication(s) below.

Medication _____
_____ **Name of MD school child attended 09-10 school year.**

List name(s) of 1-2 other campers, camper would like to be grouped with. Directors will try to accommodate, but not all requests can be met.

First Camper _____ Second Camper _____

E-Mail Address One per household (please print clearly) _____

This will be used for mass communications regarding Columbia Association Summer Camp information. Your e-mail address will be kept confidential.

Camper Lives With	Name of Parent/Guardian			Relationship to Child	Home Phone	Work Phone	Cell Phone/Pager
	#1	#2					
Non-Custodial Parent, if Applicable							

Please note unless a court order is on file with the camp office non-custodial parents will be authorized to pick up child on a daily basis and may be notified in case of an emergency, should we be unable to reach custodial parent.

Emergency Contacts List at least two additional adults who are aware that their names are being furnished to CA, have permission to pick up your child; and should be contacted in the event of an emergency if you cannot be contacted. (Additional names may be furnished in writing on the first day.)

Name _____ Name _____
Relationship to child _____ Relationship to child _____
Phone Number 1 _____ Phone Number 1 _____
Phone Number 2 _____ Phone Number 2 _____

Terms and Conditions *Registration in the program denotes* — • Authorization for the Columbia Association to use any photographs in which child may appear for promotion or publicity. • Permission for child to participate fully in camp activities including off-site and overnight trips (if included in the programming). • Certification that child is in good health and has been seen by a physician within the past year. • An understanding that failure to pay fees as they become due constitutes a default under the terms of this agreement for which child's registration will be cancelled and Columbia Association may pursue all legal remedies to collect any outstanding and unpaid tuition, fees and costs. **Refund Policy** Cancellations, early withdrawals or changes to camp or extended care require written notification to the camp administrative office. Failure to participate in the program or to make payments does not constitute a withdrawal from the camps or extended care program nor does it release the financial obligation. Refunds are granted as follows: Early Withdrawals (on or before May 15, 2010). Tuition refunds for camps are granted for voluntary withdrawal from camp at the following percentages of the total amount paid (less \$50 registration fee): On or Before May 15 • 100%. May 16-May 31 • 50%. On or after June 1: Refunds are granted only if the camper is ill, injured or moves out of Howard County and misses camp. Written refund request, with supporting documentation (doctor's note or change of address form stamped by the post office) must be received in the camp administrative office within one week of the injury, illness or notification of move. • The \$50 registration fee is non-refundable. • A fee of \$10 will be assessed on any change submitted in excess of the two permitted changes. • A \$35 fee will be assessed for returned checks. • Camp balances must be paid in full by May 15, 2010. A \$25 late fee will be assessed on all past due accounts after May 15. If full payment is not received, or you do not make satisfactory arrangement by May 15, 2010, your child's registration will be cancelled without a refund and legal action may be commenced against you to collect the delinquent fees, plus interest, attorney's fees and costs. After May 15, personal checks will not be accepted as a form of payment for any reason. All payments must be made with credit card, money order or cash. No Exceptions.

The signature(s) below indicates my/our understanding and agreement with the terms and conditions set forth herein (including all the pages and attachments to this registration packet) and agree to pay all fees and related charges as they become due. I, the parent/legal guardian of _____, hereby agree with the Columbia Association, Inc. (the Association) to the following by affixing our signature below on this date: _____ 2010, in connection with my child's participation in camp ("the Program"), I understand and acknowledge the nature and extent of the activities that will be involved in the Program and assume the risk inherent in such activities on behalf of myself/ourselves and on behalf of our children. I voluntarily waive any and all claims, costs, liabilities, expenses (including attorney's fees), and judgments against the Association, its directors, officers, employees, servants, subcontractors and agents and hereby release excuse and discharge the Association, its directors, officers, employees, servants, subcontractors and agents from all claims, expenses (including attorney's fees), and judgments which may arise out of my child's/children's participation in the Program and all aspects attendant thereto. The undersigned further agree(s) to indemnify and hold the Association, its directors, officers, employees, servants, subcontractors and agents harmless from any and all claims, liabilities, expenses (including attorney's fees) and judgments which may arise out of my child's/children's participation in the Program.

Parent/Guardian Signature _____ **Date** _____ **Failure to sign this form will result in return of your registration form.**

<p style="text-align: center;">Camp Payment</p> <p>Cost of Camp(s) \$ _____</p> <p>Cost of Extended Care + \$ _____</p> <p>Registration fee (non-refundable) + \$ 50.00</p> <p>Total Amount Due = \$ _____</p> <p>A minimum \$100 deposit must be submitted with each child's registration form. Please select payment option on the right.</p>	<p>FYI All camp balances must be paid in full by May 15, 2010. Full payment is due with all registrations received after May 15, 2010. After May 15, personal checks will not be accepted for any reason. All payments must be made with credit card, money order of cash. No Exceptions. We are only authorized to charge your credit card for the amount you indicate on the form. If the amount written is incorrect due to miscalculation, we will send you a bill for the balance.</p> <p><input type="checkbox"/> Income Qualifying Applicants I am submitting my income qualifying application materials with my registration form, A \$50 minimum deposit is required for each camper registration.</p> <p><input type="checkbox"/> I am paying in full. Enclosed is a check, money order (<i>payable to CA Camps</i>) or credit card for the total, including the non-refundable \$50 registration fee.</p> <p><input type="checkbox"/> I am paying the minimum deposit of \$100 which includes the non-refundable \$50 registration fee. I understand that the balance must be paid in-full no later than May 15, 2010. A \$25 late fee will be assessed on all accounts not paid in full by May 15, 2010. There is no recharge option available.</p>
<p>Payment Method <i>Circle payment method</i> Check Money Order Credit Card <i>If using credit card, circle credit card type</i> Visa MasterCard Discover American Express</p>	<p>Credit Card Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>Expiration Date — Please indicate MM/YY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Amount to be charged if more than minimum deposit \$</p>
<p>Print name as it appears on the card</p>	<p>Cardholder's Signature</p>
	<p>Date</p>

Mail signed registration form, payment and required documentation (if applicable) to **CA Camps, P.O. Box 981, Columbia, MD 21044**