



Summer Camp Program

Come out this summer and enjoy various activities that the parks program has to offer this year. We will have a variety of board games, arts and crafts, sports, and more! Sign-up your child, ages 5* thru 15 today to enjoy the parks programs.

Summer Camp (Age 5*-15)

Location: Memorial Park (Pavilion by Pool)
 8:00 a.m. to 4:00 p.m.
 *** (Lunch 12 - 1 p.m.)
 Monday, June 13 - Friday, August 26
 Full Registration \$220.00 (11 Week Camp)
 (\$20 per week)

Summer Camp (Age*5-15)

Location: Brandon Park (Bandshell)
 8:00 a.m. to 4:00 p.m.
 *** (Lunch 12-1 p.m.)
 Monday, June 13 - Friday, August 26
 Full Registration \$220.00 (11 Week Camp)
 (\$20 per week)

*5 years olds must have completed Kindergarten

***Lunch not provided by the City of Williamsport Recreation Department Summer Camp Program
 In the event of rain days all students will report to the Brandon Park Bandshell for indoor activities

Payments can be made to the City of Williamsport

Only accept Check or Money Order (can pay full amount or weekly)

Child Name: 1) _____ 2) _____ 3) _____

(Please use number 2 & 3 if signing more than one kid up)

What camp will you be attending: (please circle) Brandon Park Memorial Park

Child Address: _____ City: _____

State: _____ Zip: _____

Date of Birth: _____

Age of Child: _____ Grade of Child: _____

Phone Number: _____

Emergency Contact: 1) _____ 2) _____

(Please have two contacts)

Emergency Contact Phone Number: 1) _____ 2) _____ 3) _____

(Please list three phone numbers)

Is your child allergic to any medication: _____

What is your child allergic to: _____

Parent/Guardian Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone Number: 1) _____ 2) _____ 3) _____

All forms can be returned before the start of camp to:

**Recreation Department
 245 West Fourth Street
 Williamsport, Pa 17701**

Camp Forms can be turned in on the first day of Camp with payment



Summer Camp Program

Authorized Pick-Up Form

Please list up to four (4) people you authorize to pick up your child from the summer parks program. Remember to include carpool drivers, neighbors, co-workers, relatives, or emergency situations. These individuals must be able to present (upon request) valid picture identification. Please provide phone numbers as well.

1. _____
2. _____

3. _____
4. _____

Signature of Parent/Guardian

Date

Authorized to Walk

By signing below, I authorize my child to sign themselves in and/or out as needed, and that they are authorized to walk to and from the program without supervision.

Signature of Parent/Guardian

Date

Summer Parks Program Rules and Regulations

- All participants **MUST** be registered
- Profanity is not acceptable
- Argumentative behavior/physical altercation is not tolerated
- No spitting, begging, snitching, or name-calling
- Keep your hands, feet, and all other body parts/objects to yourself at all times
- Return all items to their original place
- Shirts and shoes must be worn at all times, and in an appropriate manner.
- Proper shoes must be worn to use playground equipment
- **Illegal drugs, tobacco, alcohol, and WEAPONS OF ANY KIND are prohibited**
- All problems will be handled by the Parks and Recreation Department
- Parks and Recreation Department is not responsible for lost or stolen items
- Parks and Recreation Department has the right to refuse entrance to any individual
- Any person entering the program may be searched at any time



Summer Camp Program

The Parks Program discipline procedure is as follows:

Manner of discipline will be determined by the Camp Manager according to the severity of the behavior including (but not limited to) fighting, profanity, stealing, or not following the rules set up by the staff. Possible disciplinary actions include:

- Loss of activities/privileges
- Verbal warning to the child and the parent will be notified
- Sent home for the day (parent must pick up immediately)
- Parent/Staff conference
- Suspension/Termination

I, the legal parent/guardian of _____ do hereby consent to his/her participation in City of Williamsport and the Recreation Department Summer Camp Program.

I acknowledge that participation in this camp may expose the above named camper to the possibility of injury. I grant the City of Williamsport and the Recreation Department Staff the authority to obtain emergency medical treatment as necessary to insure that the above named camper is safe from further injury.

In consideration of the City of Williamsport and the Recreation Department allowing this camper to participate in its Summer Camp, I agree to waive and release City of Williamsport and the Recreation Department and staff from all claims for damages that may arise, other than by negligence of City of Williamsport and the Recreation Department, its employees and agents, as result of my child's participation in its Summer Camp.

I acknowledge and confirm that I have read this entire document prior to signing below.

Parent/Guardian (please print)

Signature of Parent/Guardian

Date



Summer Camp Program

STAFF ONLY PAGE

Only check or money order

Month of June Payment (Listed below if paid in full)

<u>6/6-6/10</u>	<u>6/13-6/17</u>	<u>6/20-6/24</u>	<u>6/27-7/1</u>
Check or Mo #	Check or Mo #	Check or Mo #	Check or Mo #
Amount-	Amount-	Amount-	Amount-
Date-	Date-	Date-	Date-

Month of July Payments (Listed below if paid in full)

<u>7/4-7/8</u>	<u>7/11-7/18</u>	<u>7/25-7/29</u>
Check or Mo #	Check or Mo #	Check or Mo#
Amount-	Amount-	Amount-
Date-	Date-	Date-

Month of August Payments (Listed below is paid in full)

<u>8/1-8/5</u>	<u>8/8-8/12</u>	<u>8/15-8/19</u>	<u>8/22-8/26</u>
Check or Mo #	Check or Mo #	Check or Mo #	Check or Mo #
Amount-	Amount-	Amount-	Amount-
Date-	Date-	Date-	Date-

Paid in full Amount-
 Date-
 Check or Mo #-