



CAMP SHAMROCK REGISTRATION - SUMMER 2012



Registration form must be filled out COMPLETELY and SIGNED in order to be processed.

Child's Name (please print)	M/F	Age	Birth date MM /DD /YY	Grade as of 9/1/2012	LT Resident Y/N

Address _____ City/State _____ Zip _____

Phone (H) _____ E-mail: _____

Legal Guardian's Names: _____

1st Cell #: _____ 2nd Cell #: _____

Camp Shamrock Registration Options

Early Bird Discount Period: 3/1 - 4/30

All 6 Weeks (June 25-August 3)

____ \$475.00 for 1st child
____ \$440.00 for additional sibling

Regular Camp Rate: Begins 5/1

All 6 Weeks (June 25-August 3)

____ \$565.00 for 1st child
____ \$540.00 for additional sibling

Early Bird Discount Period: 3/1 - 4/30

Weekly Rate Option

____ \$105.00 for 1st child
____ \$80.00 for additional sibling
____ Week 1: 6/25 - 6/29
____ Week 2: 7/2 - 7/6
____ Week 3: 7/9 - 7/13
____ Week 4: 7/16 - 7/20
____ Week 5: 7/23 - 7/27
____ Week 6: 7/30 - 8/3

Regular Camp Rate: Begins 5/1

Weekly Rate Option

____ \$125.00 for 1st child
____ \$100.00 for additional sibling
____ Week 1: 6/25 - 6/29
____ Week 2: 7/2 - 7/6
____ Week 3: 7/9 - 7/13
____ Week 4: 7/16 - 7/20
____ Week 5: 7/23 - 7/27
____ Week 6: 7/30 - 8/3

Extended Care Option 8-9 am & 4-5 pm

____ \$125.00 for all 6 weeks
____ \$35.00 per week
____ Week 1: 6/25 - 6/29
____ Week 2: 7/2 - 7/6
____ Week 3: 7/9 - 7/13
____ Week 4: 7/16 - 7/20
____ Week 5: 7/23 - 7/27
____ Week 6: 7/30 - 8/3

CAMP SHAMROCK PAYMENT: _____

EXTENDED CARE PAYMENT: _____

TOTAL PAYMENT DUE: _____

Checks made payable to "Limerick Township."

HOLD HARMLESS AGREEMENT: I hereby give the above named participant permission to participate in the above named recreation programs/trips sponsored by Limerick Township. In consideration of participation in the above named recreation programs/trips, I/we do hereby agree to hold harmless and indemnify the Township of Limerick, its employees, agents and volunteers against any claims for and on account of any and all injuries sustained as a result of participation in the above named programs/trips. In addition, I understand and abide by the cancellation and refund policies of LTP&R as stated for Summer Shamrock Camps. I also waive the right to dispute all proper charges once he/she have participated in the program/trip for which a registration is received.

Signature of Participant or Guardian (if under age 18) : _____ Date: _____

Signature confirms that participant has read and agrees to Limerick Township P&R Hold Harmless Agreement.

PAYMENT METHOD: [] Cash [] Check # _____ [] Credit Card: MasterCard Discover Visa

Credit Card # (16 digits): _____ Exp. Date _____ / _____

By signing below I agree to pay Limerick Township for the amount above and understand that a Third Party convenience fee will apply to my transaction in order for the Township to accept payment via credit card. I further agree that such convenience fee shall be billed to my credit card by Nationwide Payment Solutions (NPS) as a separate transaction and equal to *2.45% (\$1.50 minimum) of the total amount being paid. *A flat fee of \$3.95 shall apply to all payments made using a Visa Consumer Check Card. Nationwide Payment Solutions is an authorized Level 1 PCI-DSS third party processor of regulated convenience fees.

Name (as listed on card): _____ Signature: _____



CAMP SHAMROCK REGISTRATION - SUMMER 2012



Limerick Township Building ~ 646 West Ridge Pike ~ Limerick, PA 19468
610-495-6432 www.limerickpa.org

Additional information needed for 2012 Camp Shamrock:

T-shirt Size (circle): YS YM YL AS (if you do not circle a size, the child will receive an YM shirt)

In case of emergency, parents are the first contact. If parents cannot be reached please contact the person below,
Emergency Contact: _____ Relation: _____

Phone: _____

Besides parents, who else is allowed to pick the child up from camp? Anyone not on this list will not be permitted to pick up your camper.

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Medical Information: *All medical information is kept strictly confidential. It is extremely important that we have all necessary medical information concerning your child. This also includes any learning disabilities.*

Family Physician: _____ Office Phone: _____

Allergies? YES NO *If yes, please explain:* _____

Medical Conditions? YES NO *If yes, please explain:* _____

Medications? YES NO *If yes, please explain:* _____

Does your child require accommodations due to health, physical, social, cognitive and/or behavioral needs? YES NO

LTP&R Medication Policy: The responsibility for administering medications rests with the camper's legal parent or guardian. **No camp staff is permitted to administer medication.** It is important that all medication be taken at home. No medication is to be sent to camp unless it is a prescription drug for preventive reasons or emergency conditions such as seizures, heart conditions, asthma, bee stings or allergy conditions. These preventive or emergency medications may be sent to camp if the rules listed below are followed:

- 1. Note from the doctor stating name of medication, how it is to be given, amount, time and diagnosis of illness. The medication must have the prescription label on the container.**
- 2. Note from the parent or legal guardian giving approval for the medication to be administered by the camper under staff supervision or Site Supervisor or Recreation Superintendent if camper is unable to administer due to an emergency.**

FOR LTP&R OFFICE USE ONLY:

Payee Name _____

Date _____ Initials _____

Computer: _____ Binder: _____