

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

CHILD'S FIRST AND LAST NAME: _____

ADDRESS: _____

DATE OF BIRTH (mm/dd/yy): ____/____/____ AGE: _____ GENDER: _____ GRADE ENTERING: _____

** PLEASE INITIAL ACKNOWLEDGING YOU HAVE READ THE PARENT HANDBOOK: _____

REGISTRATION – CAMPERS ENTERING 1ST – 7TH GRADE

Extended Week Registration Options

Extended Week 1: 8/9- 8/13

Camp Shamrock & Shamrock Adv. age group:

_____ \$125.00 for 1st child

_____ \$100.00 for additional sibling

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

_____ \$50.00 per week

_____ Week 1: 8/9-8/13

EXTENDED WEEKS PAYMENT: _____

EXTENDED CARE PAYMENT: _____

EXTRA CAMP SHIRT (\$10): # _____

TOTAL PAYMENT DUE: _____

Checks made payable to "Limerick Township."

A copy of your registration will be emailed to you for your tax records. No exceptions for additional receipts will be made during tax season.

**** Extended Week is held at the
Limerick Township Building **
646 West Ridge Pike
Limerick, PA 19468**

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 CVC #: _____

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 as a separate transaction and equal to *2.75% of the total amount being paid.*

Name (as listed on card): _____

Signature: _____

T-SHIRT SIZE

T-shirt Size (circle): YS YM YL AS AM AL AXL (If you do not circle a size, your child will receive a YM shirt)

CONTACT / EMERGENCY CONTACT INFORMATION

In case of emergency, parents are the first contact. If parents cannot be reached the below Emergency Contacts will be notified. All contacts listed below are permitted to pick up your camper from camp. **Emails must be provided to receive payment receipt and weekly updates.**

Mother's Name: _____ **Email:** _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Father's Name: _____ **Email:** _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Emergency Contact #1 (Someone other than Mother or Father):

Name: _____ Primary Phone: _____ Relation to Child: _____

Emergency Contact #2 (Someone other than Mother or Father):

Name: _____ Primary Phone: _____ Relation to Child: _____

Pick Up Contact #1

Name: _____ Primary Phone: _____ Relation to Child: _____

Pick Up Contact #2

Name: _____ Primary Phone: _____ Relation to Child: _____

Pick Up Contact #3

Name: _____ Primary Phone: _____ Relation to Child: _____

MEDICAL INFORMATION

All medical information is kept strictly confidential. It is extremely important that we have all necessary medical information concerning your child. In the event of an emergency requiring medical care and treatment I authorize any physician, hospital, or other healthcare provider to administer care. I also give permission for the transport to/from physician or hospital by ambulance. I do hereby release Limerick Township, its agents, and employees from any and all liability and claim that either party may suffer as a result of emergency treatment.

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

FOR LTP&R OFFICE USE ONLY:

Entered in RecDesk: _____ Emailed Registration Form: _____ Received t-shirt: _____

Initials _____