



During each themed week, children will partake in dance, arts & crafts, team games, sports skills, reading activities, and daily outside entertainment!

Participants must provide their own morning snack and lunch. Campers should bring sunscreen, bathing suit, towel and an extra change of clothes.

1. The cost of each camp session is \$99 per child. Payment is due upon arrival on the first day. Payment can be made via cash, check, Venmo (GLDA-1379) or card.
2. A \$40 non refundable registration fee, per family, is due to reserve your spot.
3. Camp runs from 8:00 a.m. through 12:00 p.m.
4. Registration form, medical form, and registration fee must be turned in to hold your spot.
5. Five campers are required to successfully run each session.

Reserve your spot today!

For questions, please contact 978-458-5836

# Registration Form

Participant: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Is there anyone that **can not pick up** the participant listed above:

\_\_\_\_\_

How you hear about us: \_\_\_\_\_

## WAIVER OF LIABILITY

As parent/guardian of the above participant, I hereby waive any liability on the part of Guiding Light Dance Academy, its owners, and employees, for any accident or injury that may occur during or arise from summer camp. Initial \_\_\_\_\_

- ◇ I agree to accompany my child into the building.
- ◇ I agree to pick-up my child promptly after camp.
- ◇ I agree to pay a \$25 returned check fee for every returned check, regardless of reason.
- ◇ I understand that Guiding Light Dance Academy will not be held responsible for lost or stolen articles.
- ◇ I acknowledge that my child is physically capable of participating in summer camp.
- ◇ I have read, understand, and agree to the conditions of this statement.

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Date

## Authorization for Consent to Medical Treatment of Minor Child

If your child needs emergency medical care and you aren't available to give formal consent to medical authorities, care may be unnecessarily delayed. In the event of a medical emergency, the form will accompany your child to the hospital.

I/we, \_\_\_\_\_, hereby authorize the staff of GLDA to provide proper medical treatment that may be required for our child during our absence.

Child's Full Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Medications child is taking: \_\_\_\_\_

Important medical history \_\_\_\_\_

Emergency contact (*other than parent/guardian*): \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Primary Medical Insurance Carrier \_\_\_\_\_

Member's Name \_\_\_\_\_

ID# \_\_\_\_\_ Group # \_\_\_\_\_

Signature of parent/guardian(s) \_\_\_\_\_

Date signed \_\_\_\_\_