

**Bayou Vista Community Center
Camp Registration Form**



RECREATION DIST. 3

Child #1

First _____ Middle _____ Last _____ Gender: Male __ Female __
School Name _____ Grade _____ Birth date ____/____/____ Age ____ Birth Cert ____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____
Child lives with: _____
Person responsible for payment _____

Child #2

First _____ Middle _____ Last _____ Gender: Male __ Female __
School Name _____ Grade _____ Birth date ____/____/____ Age ____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____
Child lives with: _____
Person responsible for payment _____

Child #3

First _____ Middle _____ Last _____ Gender: Male __ Female __
School Name _____ Grade _____ Birth date ____/____/____ Age ____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____
Child lives with: _____
Person responsible for payment _____

Child #4

First _____ Middle _____ Last _____ Gender: Male __ Female __
School Name _____ Grade _____ Birth date ____/____/____ Age ____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____
Child lives with: _____
Person responsible for payment _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____
Street Address _____
Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child (a copy of their ID Card will be kept on file):

1: _____ 2: _____ 3: _____

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Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? If more than one child, please request another form.

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

Does your child have any accommodation or special needs?

Yes__ No__ If yes, explain: _____

If yes, do they need a parent/guardian in attendance to perform activities?

Yes__ No__ If yes, explain: _____

The purpose of the above-listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Camp T-Shirt

Youth ___ Small ___ Med. ___ Large ___ XL ___ XXL

Adult ___ Small ___ Med. ___ Large ___ XL ___ XXL

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Down Payment:

First week payment is due at the time of camp registration. This payment will be put towards camp tuition.

SUMMER CAMP TUITION & PAYMENT:

Payment options available – cash, check, or credit card (credit card fee will be charged).

If a camper's tuition is not paid, they will not be able to attend camp.

Please select from the following payment options:

- **Summer Session Rate: June 1 – July 31 8am-5pm** **\$1,000.00 discounted rate**
 - **Weekly Rates: Full Day 8am – 5pm** **\$ 125.00/week (1) child / \$115/week addt'l child**
 - **Half Day 8am – 12pm or 1pm – 5pm** **\$ 60.00/week (1) child / \$ 55/week addt'l child**
 - **Daily Rate*: Full Day 8am – 5pm** **\$ 25.00/day/child**
- *Note: Must pay a week in advance to secure a spot.**
- **Session days: Monday thru Friday**
 - **Drop-off no earlier than 7:45 / Pickup no later than 5:15 p.m.**

JUNE AND JULY SESSIONS: CLOSED JUNE 19TH AND JULY 3RD

- All 9 weeks \$1,000.00 (discounted rate) Total: _____

JUNE SESSION ONLY: CLOSED JUNE 19th

- All 4 weeks \$500.00 (1) child / \$460.00 ea. addt'l child Total: _____

JULY SESSION ONLY: CLOSED JULY 3rd

- All 5 weeks \$625.00 (1) child / \$575.00 ea. addt'l child Total: _____

WEEKLY SESSIONS:

- Week 1 6/1-5 \$125 (1) child / \$115 ea. additional child (Full Day) Total: _____
\$ 60 (1) child / \$ 55 ea. additional child (Half Day) Total: _____
- Week 2 6/8-12 \$125 (1) child / \$115 ea. additional child (Full Day) Total: _____
\$ 60 (1) child / \$ 55 ea. additional child (Half Day) Total: _____
- Week 3 6/15-18 \$125 (1) child / \$115 ea. additional child (Full Day) (Closed 6/19) Total: _____
\$ 60 (1) child / \$ 55 ea. additional child (Half Day) Total: _____
- Week 4 6/22-26 \$125 (1) child / \$115 ea. additional child (Full Day) Total: _____
\$ 60 (1) child / \$ 55 ea. additional child (Half Day) Total: _____
- Week 5 6/29-7/2 \$125 (1) child / \$115 ea. additional child (Full Day) (Closed 7/3) Total: _____
\$ 60 (1) child / \$ 55 ea. additional child (Half Day) Total: _____
- Week 6 7/6-10 \$125 (1) child / \$115 ea. additional child (Full Day) Total: _____
\$ 60 (1) child / \$ 55 ea. additional child (Half Day) Total: _____
- Week 7 7/13-17 \$125 (1) child / \$115 ea. additional child (Full Day) Total: _____
\$ 60 (1) child / \$ 55 ea. additional child (Half Day) Total: _____
- Week 8 7/20-24 \$125 (1) child / \$115 ea. additional child (Full Day) Total: _____
\$ 60 (1) child / \$ 55 ea. additional child (Half Day) Total: _____
- Week 9 7/27-31 \$125 (1) child / \$115 ea. additional child (Full Day) Total: _____
\$ 60 (1) child / \$ 55 ea. additional child (Half Day) Total: _____

Camp Tuition Total: _____

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The financially responsible party signing this form understands and agrees to follow the Tuition Payment and Fees Policy. If multiple parties are paying for tuition, a Tuition Agreement is required for all Financially Responsible Parties.

Walkers/Bikers Release

My child/ren will walk or ride a bike to and from Bayou Vista Community's Summer Camp. I give him/her permission to have himself/herself signed in and out each day. I will be responsible for contacting the Community Center if my child will not attend.

Parent's/Guardian's Initials _____

Photo Release

I hereby give permission for my child/ren to be photographed during the **Bayou Vista Community Center Summer Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports and for promotional purposes including flyers, brochures, newspapers and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Bayou Vista Community Center Summer Camp and its affiliates.

Parent's/Guardian's Initials _____

Participation Consent Form

(REQUIRED)

I, the undersigned*, hereby release discharge, indemnify, hold harmless and defend Bayou Vista Community Center (St. Mary Parish Rec. Dist. #3), its board, employees and servants from any and all liability (claims, demands, losses, causes of action, suits, judgements) of any kind that I or my family may have against District due to death, personal injury or illness, loss or damage to property, or future causes that occur during the 2025 Bayou Vista Community Center Summer Camp. In the event of any medical emergency, I authorize and consent for District to act on behalf of the medical care deemed necessary for the participant. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's photos and quotes may be used for publicity purposes.

Name of Participant

Name of Parent

*Parent Signature

BVCC Management Signature

Date