

## Lower Southampton Program Registration Form

Camper Last Name		Camper First Name		MI
Address		City	State	Zip Code
Primary Mobile Phone		Alternate Phone when your child is in our care		
School		Grade	Gender	
Health problems, allergies, etc.		Date of Birth	Age	
Physician's Name		Phone Number		
Parent Name		Resident of Lower Southampton Township: (Circle One) YES NO		
Parent/Guardian Email (for official camp updates and information only)				

**ALL PARTICIPANTS ARE REQUIRED TO SIGN THIS FORM.** Please check with your doctor before registering in any fitness or exercise program. I, the parent or guardian of the above minor or myself, submit that my child/I, is/am able to participate in the above activity and waive Lower Southampton Township, its staff and affiliates of any responsibility of injury or illness.

Signature \_\_\_\_\_

Date \_\_\_\_\_

How did you hear about us? Township Website/TV Direct Mailer Newspaper Insert News Story Word of Mouth other \_\_\_\_\_  
\*Circle one\*

**Program Title (Circle Desired Camp) \*SEE LAST PAGE FOR PAYMENT PLAN\* MUST INDICATE AMOUNT BELOW\***

Pioneer (3-5yo)	Ferderbar (5-12yo)	June 18th – August 17 <sup>th</sup>  AMOUNT PAYING WITH SUBMISSION OF REGISTRATION PACKET?  _____	\$798 resident
Dolphin (7-12yo)	Teen (13+)		\$1024 non resident
CIT Ferderbar (13+ or prior approval required if under 13):	CIT Dolphin (13+ or prior approval required if under 13):		

**Return this completed form and payment to: Lower Southampton Township: 1500 Desire Avenue, Feasterville, PA 19053.** Please direct any questions to Lower Southampton Township Parks and Recreation department 215-357-7300 x316 or x340. Additional forms can be obtained at the township building or our website at [www.lowersouthamptontownship.org](http://www.lowersouthamptontownship.org). Photos or video may be taken at any or all Lower Southampton activities and used for promotion of future events. If you do not want your picture and/or your child's picture taken or published, please send a letter and/or e-mail addressing this concern to [Administration@LSTWP.org](mailto:Administration@LSTWP.org). Please note that **NO REFUNDS ARE GIVEN FOR ANY PROGRAM.**

### Credit Card Billing Information

Name (as it appears on card)		Phone Number		
Billing Address				
City		State	Zip	
Type of Card Used: (Circle One)    Visa    Master Card    Discover		Expiry:		3-Digit Security Code:
Card Number:				

Please note: We do not keep credit card information on file; you will have to resubmit for future credit payments.

## EMERGENCY CONTACT / PARENTAL CONSENT FORM

<b>CHILD'S NAME</b>		<b>BIRTHDATE</b>
ADDRESS		
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>		<b>HOME TELEPHONE NUMBER</b>
ADDRESS		
<b>BUSINESS NAME</b>		<b>BUSINESS TELEPHONE NUMBER</b>
ADDRESS		
<b>FATHER'S NAME/LEGAL GUARDIAN</b>		<b>HOME TELEPHONE NUMBER</b>
ADDRESS		
<b>BUSINESS NAME</b>		<b>BUSINESS TELEPHONE NUMBER</b>
ADDRESS		
<b>EMERGENCY CONTACT PERSON(S)</b>	<b>NAME</b>	<b>TELEPHONE NUMBER WHEN CHILD IS IN CARE</b>
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	<b>NAME</b>	<b>ADDRESS</b>
<b>TELEPHONE NUMBER WHEN CHILD IS IN CARE</b>		
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		<b>TELEPHONE NUMBER</b>
ADDRESS		
<b>SPECIAL DISABILITIES (IF ANY)</b>		<b>ALLERGIES (INCLUDING MEDICATION REACTION)</b>
<b>MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION</b>		<b>MEDICATION / SPECIAL CONDITIONS</b>
<b>ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD</b>		
<b>HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS</b>		<b>POLICY NUMBER (REQUIRED)</b>
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b>		<b>ADMIN. OF FIRST AID PROCEDURES</b>
<b>WALKS AND TRIPS</b>		<b>SWIMMING</b>
<b>TRANSPORTATION BY THE FACILITY</b>		<b>WADING</b>

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE



Camper Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

**Immunization History:**

Date (month/year) of your most recent tetanus immunization: \_\_\_\_\_

Have you completed the immunization that are required for school attendance?..... YES NO

**Medication:**

Lower Southampton Township Summer Recreation staff is NOT trained to administer medications of any kind. In the event that a child needs emergency medication, such as an epi-pen or an inhaler, the parent/guardian must provide the medication in a plastic bag labeled with the child's name, to the head counselor. The head counselor will hold this medication to keep it available for an emergency situation; however, the child must administer the medication.

If a child requires a daily medication, the parent/guardian is responsible to make arrangements with their child to take it before or after camp.

Please initial here to indicate that you, the parent/guardian, have read and agree to the above conditions: \_\_\_\_\_

**Additional Medical Information:**

Is there any other medical / emotional / psychological concern that would be helpful to our staff in caring for your child?

Dates will attend camp: from \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Camper Name: \_\_\_\_\_  
First Middle Last

Male  Female Birth Date \_\_\_\_\_ Age on arrival at camp: \_\_\_\_\_  
Month/Day/Year

**To Parent(s)/Guardian(s): Please follow the instructions below and fill the form out to the best of your knowledge.**

Camper Home Address: \_\_\_\_\_  
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Preferred Phones: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
to Camper: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Preferred Phones: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
to Camper: \_\_\_\_\_ Email: \_\_\_\_\_

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): \_\_\_\_\_ Relationship \_\_\_\_\_ Preferred Phones: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
to Camper: \_\_\_\_\_

**Allergies:**  No known allergies.  This camper is allergic to:  Food  Medicine  The environment (insect stings, hay fever, etc.)  Other  
*(Please describe below what the camper is allergic to and the reaction seen.)*

**Diet, Nutrition:**  This camper eats a regular diet.  This camper eats a regular vegetarian diet.  
 This camper has special food needs. *(Please describe below.)*

**Restrictions:**  I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.  
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. *(Please describe below.)*

**Medical Insurance Information:**

This camper is covered by family medical/hospital insurance  Yes  No

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Subscriber \_\_\_\_\_  
Insurance Company Phone Number (\_\_\_\_\_) \_\_\_\_\_

**Parent/Guardian Authorization for Health Care:**

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

**Please read over the following information and sign or initial where indicated.**

The purpose of this camp is to enjoy the outdoors, to have fun, to enjoy friendships and also to have a chance to build skills in sports. Each person attending this camp is required to make a commitment to the following statements by signing this contract. Please place your initials next to each statement to show you acknowledge them:

\_\_\_\_\_ I agree to respect all other persons attending camp by treating them with kindness and patience, putting the needs of others before my own. I will show respect through both my words and actions toward others. I will also show respect for all personal property of others.

\_\_\_\_\_ I agree to follow directions of all camp staff and volunteers.

\_\_\_\_\_ I agree to attend all events on time, to participate in all activities sponsored by the camp, and to stay at the activity area.

\_\_\_\_\_ I agree to follow all camp rules:

- Personal CD players, radios, toys, handheld video games, tablet computers, mp3 players, trading cards, etc are not allowed, but, if they are brought in, they are the child's own responsibility.
- Cursing or inappropriate slang will not be tolerated
- Behavior contrary to our zero tolerance policy for fighting, racism, name-calling, gossip, and similar activities is not allowed
- Possession of any kind of weapon is grounds for immediate dismissal from camp
- Possession or use of any illegal substances or alcohol is prohibited
- Stealing of any items owned by the township, staff members, or other campers will not be tolerated and is grounds for immediate dismissal from camp

\_\_\_\_\_ I understand that if I do not follow the statements of this contract the staff will take disciplinary measures as stated in this contract.

\_\_\_\_\_ I understand that I will face **immediate expulsion** from camp for any harmful physical contact to others as Lower Southampton Township camps have a zero tolerance policy for all harmful physical contact. **Behavior that risks the safety of self or of others and bullying are just causes for immediate dismissal from camp**

**Anti-Bullying Policy**

Bullying is defined as one or more people excluding, teasing, taunting, gossiping, hitting, kicking, or putting down another person with the intent to hurt another. Bullying happens when a person or group of people wish to exert power over another and use their power to get their own way, at the expense of someone else. Bullying can also happen through the internet: via emails, text messaging, instant messaging, and even other, less direct methods. Cyber bullying can also lead to persons being hurt during or between camp season and can be especially hurtful when the target is cruelly treated or excluded.

At Lower Southampton Township Recreation Day Camps bullying will not be tolerated, and we hold a firm policy against all manner of bullying. Our philosophy is based on our mission statement which ensures that every camper has the opportunity to create friendships, to experience diversity, and to develop new interests. We work together as a team to ensure that campers gain self-confidence, make new friends, and go home with great memories.

Unfortunately, people who are bullied are denied the chance to take full advantage of their camp experience. Our leadership addresses all incidents of bullying seriously and trains staff to promote communication with their staff and their camps so everyone can be comfortable with alerting the necessary parties to any problems during their camp season. Every person has the right to expect to have the best possible experience at camp, and we can ensure that all campers and staff have a great summer by working together as a team to identify and manage bullying.

We will fully investigate all cases of alleged bullying, but please keep in mind that interpersonal problems are not always bullying and that sometimes incidences are not resolved according to each person’s direct wishes, but rather to everyone’s benefit, which often requires compromise and teamwork.

As a parent or guardian, I agree to partner with Lower Southampton Township camps in the discipline of my child. I agree to uphold and support the disciplinary code.

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Signature of Parent or Guardian

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Name of Camper (please print)

As a Lower Southampton Township summer camper, I agree to follow the camper contract and understand the consequences if I do not.

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Signature of Camper (if possible)

Disciplinary Steps (written records are kept by the camp director(s))

1. Warning from counselor or staff: counselor addresses behavior and suggests more appropriate means of expression for that child; a written warning will go home to be returned signed
2. Placed in time out: camper is removed from current activity for a short period of time not to exceed 10 minutes; a note will go home to be signed without which the camper may not return
3. Visit from camp director(s): camper and parent/guardian meet with camp director to discuss his/her behaviors
4. Camper dismissed for the remainder of the day: site director calls parent/guardian to pick up camper early
5. Dismissal from summer camp program: if camper persists in inappropriate or disruptive behaviors, thus negatively affecting other campers, the camper is dismissed from camp for the remainder of the summer **without refund**

**Please initial next to each of the following points.**

\_\_\_\_\_ I agree and understand that no refunds will be issued for any reason.

\_\_\_\_\_ I agree that my child is allowed to participate in all activities of Lower Southampton summer recreation camps program, including, but not limited to, visiting the skate park (where available), swimming (where available), going on field trips, and riding buses provided for those field trips.

\_\_\_\_\_ I have read and understand all the conditions of the skate park waiver.

\_\_\_\_\_ Lower Southampton Township and its agents reserve the right to take photos at any or all activities, which may then be used for promotion of future events. If you do not wish your picture and/or your child(ren)'s photo taken, please send a certified letter to the Secretary of the Township Manager, 1500 Desire Avenue, Feasterville, PA 19053.

\_\_\_\_\_ I understand and agree that upon completion of registration and authorization of payment that I will not be entitled to a refund from the Township or chargeback from my credit card company.

\_\_\_\_\_ I agree to all terms and conditions of the above.

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Last Name, First Name of Skater (PRINT)

**Lower Southampton Township**  
**Liability Release and Permission for Minor Skate Park Users**

All participants and parents of minors must sign this liability release and permission form and submit the executed form to the Township representatives before they can use Lower Southampton Township's Skate Park.

I, the parent/guardian of the undersigned participant, grant my permission for him/her to use the skate park, and both of us understand and assume all of the risks of his/her participation.

We, the undersigned, certify that the participant is in good health and able to participate in such activity and we hereby acknowledge that participation in this activity involves a risk of bodily injury, including, but not limited to, fractures, head and neck injuries, and the possibility of permanent disability, and/or death.

We understand that no health and/or accident insurance is provided for this activity, and I, the undersigned parent of guardian of the participant, accept full responsibility for obtaining the same or for payment of all expenses in the absence of such insurance.

NOW THEREFORE, in consideration of the foregoing, and in consideration of the mutual relationship of others participating in said program, and of the undersigned's participation therein, we do hereby, for ourselves, our heirs, executors, administrators, and assigns forever remise, release, and discharge Lower Southampton Township, its successors and assigns, directors, officers, employees, agents, and representatives, and their heirs, executors, administrators, and assigns from any and all manner of action, causes of action, suits, debts, accounts, controversies, damages, claims and demands whatsoever, which we or our legal representative may have or may acquire against Lower Southampton Township or its directors, officers, employees, agents or other representatives, by reason of any loss resulting from personal injury to me or damage to any other personal property belonging to us, which may occur during or by reason of the undersigned's participation in this activity.

We agree that Lower Southampton Township shall have the right at its discretion to enforce established rules of conduct and/or terminate the undersigned participant's participation in the activity for failure to follow these rules of conduct, or for action or conduct detrimental to or incompatible with the welfare, comfort, harmony, or interest of the activity as a whole.

We hereby grant Lower Southampton Township and any of its directors, officers, members, agents, and other representatives full authority to take whatever action they consider to be warranted regarding undersigned participant's health and safety, and we fully release all of them from any liability for such actions taken on our behalf.

We have signed this waiver and release on the \_\_\_\_\_ day of \_\_\_\_\_, 2018.

Signature of Participant: \_\_\_\_\_  
Signature of Participant's Parent/Guardian: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Emergency Contact/Phone Number: \_\_\_\_\_



## Sunscreen Permission Slip Form

During the camp season, the campers will be spending most of their time outside. We want to protect their delicate skin and prevent them from unnecessary sunburns. We recommend that sunscreen be applied on your child before arriving at camp.

With your permission, we will reapply sunscreen as necessary at regular intervals throughout the day. In order for us to do so, we require written permission for each camper.

Please provide us with a bottle of sunscreen to use, labeled with your child's first and last name. As with any other topical medication or cream, the first application of any brand of sunscreen should be applied at home so as to evaluate your child's possible allergic reaction to the product.

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**Please choose:**

\_\_\_\_\_ I give my permission for the staff of Lower Southampton Township Recreation Day Camps to apply sunscreen to my child, \_\_\_\_\_, as needed.  
Child's Name

**-OR-**

\_\_\_\_\_ My child can and will apply their own sunscreen at the times designated by his/her counselor.

**Required:**

\_\_\_\_\_ I verify my child has used this sunscreen before.

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Parent's Signature

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Date

# LOWER SOUTHAMPTON TOWNSHIP

## Summer Camp Health Policy

We want you to stay healthy this summer but we do understand that children do get sick or get hurt. Please do not send your child to camp if they display **any** of the following symptoms:

- Fever within 24 hours
- Vomiting, Diarrhea
- Contagious or Unidentifiable Rashes
- Congestion w/ Sneezing, Nasal Drainage and Coughing
- Ear, Eye, Throat Infections – Unless on Antibiotics for 24 hours
- Nits and/or Head Lice
- Open wounds of any kind

We are concerned about the health and welfare of each child. Therefore, we require that you pick up your child as soon as possible in the event that he/she becomes ill at camp. If this occurs, you will be contacted immediately. Please be sure information on the Emergency Form is complete and accurate.

If your child is involved in an injury, you will be required to get medical clearance before coming back to camp. Clearance must be from your family doctor stating that your child can resume **all normal activity at camp**.

Please be aware that some of our campers have various allergies. Please do not send in items with peanuts in them as many of our campers are allergic to peanuts or peanut oil. Also, it is important that children stay hydrated throughout the day because it can get really hot. Please send in a couple of water bottles each day with your child's name labeled on them.

As parent or guardian I agree to follow this health policy to help protect our children from illness and injury:

Signature of Parent or Guardian

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Name of Camper (please print)

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**Township Residents (R)**

**Non Resident (NR)**

Total: \$798

Total: \$1024

Initial Payment: \$199.50 R

\$256 NR

Second Payment, due on or before 3/18: \$199.50 R

\$ 256NR

Third Payment, due on or before 4/15: \$199.50 R

\$256 NR

Final Payment, due on or before 5/19: \$199.50 R

\$256 NR

Registrations received after June 1<sup>st</sup> are subject to a \$100 camp rate increase. Residents are anyone who lives in 19053 or Upper Southampton Township. Exact payments for the specified amounts are due on these dates. Initial payment must be made to reserve your campers' spot. If a registration is begun after these dates, then the amount due by that date must be tendered upon registration. Credit Card information is not stored for future payments. **We cannot take payment information over the phone.**

**WHEN FILLING OUT THIS FORM, PLEASE USE THE CAMPER'S EXACT NAME THAT WAS ON INITIAL REGISTRATION FORM. KEEP THIS PORTION FOR YOUR RECORDS. SEND IN EACH SUCCESSIVE PAYMENT AS DUE.**

**Final Payment**

**Camper's Name:** \_\_\_\_\_

Payment Type: Check No. \_\_\_\_\_ Money Money Order Credit

**Credit Card Billing Information**

Name (as it appears on card)		Phone Number	
Billing Address			
City		State	Zip
Type of Card Used: (Circle One)    Visa    Master Card    Discover		Expiry:	3-Digit Security Code:

**Payment**

**3** **Camper's Name:** \_\_\_\_\_

Payment Type: Check No. \_\_\_\_\_ Money Money Order Credit

**Credit Card Billing Information**

Name (as it appears on card)		Phone Number	
Billing Address			
City		State	Zip
Type of Card Used: (Circle One)    Visa    Master Card    Discover		Expiry:	3-Digit Security Code:

**Payment 2**

**Camper's Name:** \_\_\_\_\_

Payment Type: Check No. \_\_\_\_\_ Money Money Order Credit

Name (as it appears on card)		Phone Number	
Billing Address			
City		State	Zip
Type of Card Used: (Circle One)    Visa    Master Card    Discover		Expiry:	3-Digit Security Code: