

2026 Day Camp Registration & Authorization Form

DAY CAMP REGISTRATION & AUTHORIZATION FORM

This form is a mandatory form as directed by the American Camp Association accreditation. HW-10; OM-19; TR-5

Camp Site:

(Select only one option)

- | | |
|------------------------------------|--|
| ☐ Hicks | ☐ Jane A Malone |
| ☐ Lacy | ☐ Owen |
| ☐ Reed | ☐ WaterWorks |
| ☐ Whiteside | |

Camper Name (Required): _____

Address (Required):

Street: _____
Address Line 2: _____
City, State, Zip: _____

Date of Birth (Required): _____

School (Required): _____

Grade in Fall (Required):

(Select only one option)

- | | |
|---------------------------------------|----------------------------------|
| ☐ Kindergarten | ☐ First |
| ☐ Second | ☐ Third |
| ☐ Fourth | ☐ Fifth |
| ☐ Sixth | ☐ Seventh |

Persons Authorized to Pick Up Child

Please list the persons authorized to pick up your child. Children will ONLY be released to those persons who are on the authorized list. ID or other verification will be required.

**Mother's/Guardian's Name
(Required):**

If none, please use N/A.

**Mother's/Guardian's Primary
Phone:** () - _____

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Mother's/Guardian's Additional Phone: () - _____

Father's/Guardian's Name (Required): _____
If none, please use N/A.

Father's/Guardian's Primary Phone: () - _____

Father's/Guardian's Additional Phone: () - _____

Other Authorized Person to Pick Up (Required): _____
If none, please use N/A.

Phone: () - _____

Other Authorized Person to Pick Up: _____

Phone: () - _____

Other Authorized Person to Pick Up: _____

Phone: () - _____

EMERGENCY CONTACT INFORMATION

This information will be used in the event you are not available. This person should be someone who can reach you and/or act for you in an emergency situation. Please inform this person of their responsibility.

Name (Other than self/parent) (Required): _____

Address (Required):

Street: _____

Address Line 2: _____

City, State, Zip: _____

Primary Phone (Required): () - _____

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Secondary Phone: () - _____

Additional Phone: () - _____

Signature (Required): _____

Child Self-Sign In / Out (Required - Select at least one option):

- ☐ YES, my child will be walking or riding a bike to and/or from camp and will sign himself/herself in and out.
- ☐ NO, my child is not authorized to sign himself or herself in and/or out of camp.

Signature (Required): _____

Today's Date (Required): _____

IMPORTANT REMINDERS:

1. Each child must have a signed Health History form on file.
2. To ensure your child's safety, you or the listed authorized person(s) must accompany your child into and out of camp each day. The Daily Check in/Out form must be signed up arrival to and departure from camp.
3. All staff members will be informed if your child has special needs, restrictions or requirements.
4. Your child will be informed of camp rules and safety procedures and will be expected to comply will all camp policies.
5. You may be asked to provide a photo of your child for camp files. If you do not provide one, we will take a photo of your child to attach to your child's camp paperwork.
6. Camp hours are 9 a.m. to 5 p.m. Monday-Friday. Early drop-off is available at 7:30 a.m. and late pick-up is available until 5:30 p.m.