

CAMPER'S NAME: _____

GRADE IN FALL 2012: _____

2012 Summer Camp

REGISTRATION PACKET

COMPLETE PAGES 1-10
- LIMITED ENROLLMENT -

****EARLY BIRD RATES - REGISTER BY MARCH 24TH****

Allaire Country Day



AT GOODSPORTS USA
2903 HIGHWAY 138, WALL, NJ 07719
732-681-4651 or 732-681-8898

THIS PACKET MUST BE FILLED OUT & RETURNED

Allaire Country Day Summer Camp 2012

SUMMER CAMP REGISTRATION CHECKLIST

- Fill out Allaire Country Day Summer **Camp Schedule** Form for the entire summer. (Minimum of 10 day enrollment) Page 1
- Fill out Summer Camp **Registration** Form Page 2
- Sign the Summer Camp **Tuition Agreement** Form Page 3
- Fill out **Emergency Contact & Authorized Pick-up** Form Page 4
- Fill out **Emergency Treatment** Form Page 5
- Sign the **Expulsion Policy** Form Page 6
- Sign the **Photography Consent** Form Page 7
- Filled out **Health Release** Form by a doctor Page 8
- Fill out Summer Camp **Special Events Registration** Form Page 9 & 10
(Page 9: Select Events and Page 10: Special Event Waiver)
- Pay the **Registration Fee** No. children ____ X \$55
(\$110 maximum registration per family - 3rd and 4th child free)
- Pay the Summer Camp **Tuition Fee**. Either pay the tuition in full or pay a deposit.
DEPOSIT REQUIRED BY MAY 1st: Minimum of \$200 per camper.
DEPOSIT REQUIRED AFTER MAY 1st: 20% of full tuition + special event fees paid in full.

OPEN HOUSE

SATURDAY, MARCH 24TH 11AM - 2PM

SIGN UP EARLY AND RECEIVE DISCOUNTED TUITION RATES



CAMP FEES, SPECIALS & BILLING POLICIES

Allaire Country Day Summer Camp 2012



REGISTRATION FEE: \$55 per camper

\$110 max. per family 3rd, 4th, child etc. register for free. All children MUST reside at same address.



TUITION PRICING PACKAGES Regular Camp Hours - 9 am to 4 pm

Select a package level for your camper when you submit your registration packet.

Any extra days added to your child's schedule are subject to your originally selected gold, silver or bronze pricing. ("Campers" 4 to 13 years "Toddlers" 2-1/2 to 3 years)

<u>PACKAGE</u>	<u>NO. OF DAYS</u>	<u>EARLY BIRD CAMP RATES</u>	<u>CAMP RATES AFTER MARCH 24TH</u>
CAMPER GOLD	41-54 Days	\$44 per day	\$49 per day
CAMPER SILVER	25-40 Days	\$49 per day	\$54 per day
CAMPER BRONZE	10-24 Days	\$55 per day	\$59 per day
TODDLER GOLD	41-54 Days	\$54 per day	\$59 per day
TODDLER SILVER	25-40 Days	\$59 per day	\$64 per day
TODDLER BRONZE	10-24 Days	\$65 per day	\$69 per day



BEFORE & AFTER CARE: \$7 per hour/per camper or \$10 per hour/per family

Before Care 7:00am - 9:00am After Care 4:00pm - 6:00pm

OPEN HOUSE: SATURDAY, MARCH 24TH 11AM - 2PM

*** EARLY REGISTRATION ON OR BEFORE OPEN HOUSE - MARCH 24TH**

- RECEIVE DISCOUNTED "EARLY BIRD" CAMP RATES
- PAY \$200 DEPOSIT* + \$55 REGISTRATION FEE/PER CAMPER (MAX REG. FEE OF \$110)
- SUBMIT **COMPLETED** REGISTRATION PACKET AND PAYMENT FOR ANY SPECIAL EVENTS IN FULL BY **MAY 1ST**
- REGISTRATION PACKETS SUBMITTED AFTER MAY 1ST WILL INCUR A \$50 LATE FEE

*** REGULAR REGISTRATION: MARCH 25TH - JUNE 18TH**

- PAY \$200 DEPOSIT* + \$55 REGISTRATION FEE/PER CAMPER (MAX REG. FEE OF \$110)
- SUBMIT **COMPLETED** REGISTRATION PACKET AND PAYMENT FOR ANY SPECIAL EVENTS IN FULL BY **MAY 1ST**
- REGISTRATION PACKETS SUBMITTED AFTER 6/18 WILL INCUR A \$50 LATE FEE

**DEPOSIT WILL BE APPLIED TO YOUR FIRST BILLING CYCLE*





Allaire Country Day Summer Camp SCHEDULE FORM

Campers Full Name: (Please PRINT Clearly)	D.O.B.	Grade in Sept. 2012
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2012 SUMMER CAMP SCHEDULE

Regular Camp Hours 9:00am - 4:00pm • Before Care Hours 7:00am-9:00am • After Care Hours 4:00pm-6:00pm

SELECT A PACKAGE ➔	<input type="checkbox"/> CAMPER GOLD 41-54 Days <input type="checkbox"/> CAMPER SILVER 25-40 Days <input type="checkbox"/> CAMPER BRONZE 10-24 Days	<input type="checkbox"/> TODDLER GOLD 41-54 Days <input type="checkbox"/> TODDLER SILVER 25-40 Days <input type="checkbox"/> TODDLER BRONZE 10-24 Days
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Please check each box for ALL camp days your child is attending. Circle Before Care (BC) and/or After Care (AC) on days that apply.

Week #	Dates	MON	TUE	WED	THUR	FRI	Internal Use ONLY Amt Due
1	June 18-22	BC AC	BC AC	BC AC	BC AC	BC AC	\$
2	June 25-29	BC AC	BC AC	BC AC	BC AC	BC AC	\$
3	July 2-6	BC AC	BC AC	4TH OF JULY CLOSED	BC AC	BC AC	\$
4	July 9-13	BC AC	BC AC	BC AC	BC AC	BC AC	\$
5	July 16-20	BC AC	BC AC	BC AC	BC AC	BC AC	\$
6	July 23-27	BC AC	BC AC	BC AC	BC AC	BC AC	\$
7	July 30-Aug 3	BC AC	BC AC	BC AC	BC AC	BC AC	\$
8	Aug 6-10	BC AC	BC AC	BC AC	BC AC	BC AC	\$
9	Aug 13-17	BC AC	BC AC	BC AC	BC AC	BC AC	\$
10	Aug 20-24	BC AC	BC AC	BC AC	BC AC	BC AC	\$
11	Aug 27-31	BC AC	BC AC	BC AC	BC AC	BC AC	\$

- **REGISTRATION FEE:** \$55 PER CHILD. \$110 maximum per family
3rd, 4th, etc. children register for free. All children MUST reside at the same address!
- **REQUIRED DEPOSIT:** \$200 per camper (After May 1st, 20% of total tuition due as your deposit)
- **LATE FEE:** All bills need to be paid in full upon receipt. If payment is not received within 7 days of billing a \$15 late fee will be applied to account & credit card will be charged for the full balance.
- **REGISTRATION REQUIREMENTS:** Please see checklist and fees/billing policy pages.
- **CHANGE OF SCHEDULE:** All schedule changes must be made 2 weeks in advance.
If more than 2 camp changes occur per family, a \$15 fee will apply per additional change.
Any extra days added to your child's schedule will be subject to our regular tuition rates.
- **ALL CHANGES MUST BE MADE IN WRITING.**
- **NO Refunds**

Total	\$
Registration Fee	\$
Special Event Fees	\$
DEPOSIT	\$
BALANCE	\$



Allaire Country Day Summer Camp REGISTRATION FORM

COMPLETED FORMS & DEPOSIT ARE REQUIRED TO REGISTER YOUR CAMPER

Camper's Name _____ Gender _____

DOB _____ Age _____ Grade in Sept. 2012 _____

Home Address _____ Phone _____

City/State/Zip _____

Email (bills are sent via email) _____ Please mail paper statements

1. Parent/Guardian _____ Relationship to Child _____

Cell Phone _____ Work Phone _____ Home Phone _____

2. Parent/Guardian _____ Relationship to Child _____

Cell Phone _____ Work Phone _____ Home Phone _____

**Register Early! All balances MUST be paid in full
prior to the start of each new 2 week billing cycle. NO REFUNDS WILL BE GIVEN.**

Please Read Carefully and sign the following Registration-Understanding/Waiver.

In consideration for being allowed to participate in any way in ALLAIRE COUNTRY DAY SUMMER CAMP athletic/sports programs, and related events, I the undersigned voluntarily agree to assume full and complete responsibility for any injury or accident which may occur to the above named child during or in connection with ALLAIRE COUNTRY DAY SUMMER CAMP, GoodSports USA, Inc. or it's staff while they/I am on the premises of ALLAIRE COUNTRY DAY SUMMER CAMP. I acknowledge that at ALLAIRE COUNTRY DAY SUMMER CAMP, I/they will participate in activities that may involve, among other things, physical contact with persons or objects, including the ground, and may incur a risk of injury. I specifically waive, give up and release ALLAIRE COUNTRY DAY SUMMER CAMP and its staff, from all liability for any claim for damages which I/the above named child may have relating to injuries or illness that I/they may sustain. In signing this waiver, I certify that I/the above child are in good health, with no chronic illness or abnormal tendencies. In the event of an emergency in which I/the above child requires medical care, I authorize ALLAIRE COUNTRY DAY SUMMER CAMP to act for me and obtain whatever medical, surgical or dental examination, diagnosis and/or treatment is deemed necessary. ALLAIRE COUNTRY DAY SUMMER CAMP is not responsible for my personal belongings which are lost, stolen, or damaged. I further understand that I should be aware of my/the above named child's physical limitations and agree not to exceed them. I agree to review the rules and inspect the facilities and if I believe it is unsafe I will advise his or her counselor and refuse to participate. I UNDERSTAND THE ALLAIRE COUNTRY DAY SUMMER CAMP WAIVER POLICY.

Sign: _____

Print Name: _____

CREDIT CARD MUST BE KEPT ON FILE

CREDIT CARD: CARD TYPE Visa MC Discover

Card # _____ Exp. Date: _____ Signature on Card: _____

PLEASE CHARGE MY CREDIT CARD FOR EACH BILLING CYCLE.

CAMP POLICIES:

- NO refunds
- NO refunds for missed camp days. Payment is due whether or not your child attends camp, unless there is a medical emergency and a doctor's note is provided for 3 or more consecutive days of camp.*
- If more than 2 camp changes occur per family, a \$15 fee will apply to any additional changes made.

I understand the Allaire Country Day Summer Camp payment policy. I authorize Allaire Country Day to charge my credit card for any additional fees, and/or outstanding balances.

Sign: _____

Print Name: _____

All medical forms, registration and schedule forms MUST be filled out completely and submitted with your payment.



Allaire Country Day Summer Camp

TUITION AGREEMENT

I understand the tuition is due and no changes or substitutions in schedule can be made regardless of the following circumstances:

1. If my child is absent due to illness
2. My child is absent due to vacation
3. A holiday falls on my child's scheduled day
4. Delayed openings/early closings due to unforeseen weather conditions or circumstances beyond our control.
5. My child is absent due to any other reason

CAMP POLICIES:

- NO REFUNDS
- NO refunds for missed camp days. Payment is due whether or not your child attends camp, unless there is a medical emergency and a doctor's note is provided for more than 3 consecutive days.*
- \$40 returned check fee.
- At the time of registration you must pay required deposit per camper and a \$55 registration fee per camper (max of \$110 reg. fees per family).
- Special events must be paid for in full with submission of registration packet.
- Contracted Billing - Days you scheduled your child to attend will be billed bi-weekly in advance.
- Actual Billing - Days your child attended but was not scheduled will be billed bi-weekly for the previous 2 weeks attendance along with any before care and/or after care.
- \$15 schedule change fee if more than 2 changes occur per family.
- All schedule changes must be made 2 weeks in advance in writing.
- Any extra days added to your child's schedule are subject to your originally selected package pricing.
- All payments are due upon receipt.
- Any balance over 7 business days will be considered late and subject to a \$15.00 late fee and will be charged to the credit card on file.
- Sign-in/Sign-out instructions will be given to you prior to the start of camp with a welcome letter.
- All billing invoices will be sent automatically via e-mail.
Please be sure to provide a valid email address on the Registration Form.
- Paper statements will be available upon request.
- Any billing questions should be directed to the accounting department at 732-681-8898.

BEFORE/AFTER CARE POLICY

- Camp starts at 9am, if you arrive early you can make use of our before care service; otherwise, you must stay with your child until 9am.
- Camp ends at 4pm, if your child is not picked up by then they will be placed in our after care program.
- If your child is dropped off before 9:00am or picked up after 4:00pm your account will be automatically billed for the BC/AC rates.
- You will be charged a minimum of 1 hour. If your child is here after the 1st hour, you will be billed for the 2nd.
- If use of BC/AC occurs more than 3 times without written notification you will be charged a \$20 fee.
- If your child(ren) is not picked up by 6pm you will be charged a \$20 fee per child per hour.

By choosing one of the daily pricing packages (gold, silver, bronze) on the attached "schedule form", I acknowledge responsibility for payment for at least the minimum days of that package.

I understand the Allaire Country Day Summer Camp payment policy. I authorize Allaire Country Day to charge my credit card for any additional fees, and/or outstanding balances.

Sign: _____

Print Name: _____

If you choose to mail your payments, please send to the following address:
Allaire Country Day Summer Camp, 2903 Highway 138, Wall, NJ 07719

Allaire Country Day Summer Camp

EMERGENCY CONTACT & AUTHORIZED PICK-UP



I authorize the following people to pick up my child from Allaire Country Day. All others **MUST** present a written request from me for my child to be discharged into their hands, and such in writing absolves Allaire Country Day from responsibility after the child leaves the camp. All written requests will remain on file at the camp. Allaire Country Day has the right to verify identification by asking for proof, such as a drivers license.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CONTACT/PICK-UPS - MUST BE 18 YEARS OR OLDER (only 2 contacts required)

1) Contact Name _____ Relationship to Child _____
 Address _____
 Phone: Home _____ Cell _____ Work _____
 PLEASE CIRCLE YES OR NO Emergency Contact: Yes No Authorized Pick-Up: Yes No

2) Contact Name _____ Relationship to Child _____
 Address _____
 Phone: Home _____ Cell _____ Work _____
 PLEASE CIRCLE YES OR NO Emergency Contact: Yes No Authorized Pick-Up: Yes No

Optional: 3) Contact Name _____ Relationship to Child _____
 Address _____
 Phone: Home _____ Cell _____ Work _____
 PLEASE CIRCLE YES OR NO Emergency Contact: Yes No Authorized Pick-Up: Yes No

Optional: 4) Contact Name _____ Relationship to Child _____
 Address _____
 Phone: Home _____ Cell _____ Work _____
 PLEASE CIRCLE YES OR NO Emergency Contact: Yes No Authorized Pick-Up: Yes No

Optional: 5) Contact Name _____ Relationship to Child _____
 Address _____
 Phone: Home _____ Cell _____ Work _____
 PLEASE CIRCLE YES OR NO Emergency Contact: Yes No Authorized Pick-Up: Yes No



Allaire Country Day Summer Camp

AUTHORIZATION FOR

EMERGENCY TREATMENT

CAMPER'S INFORMATION:

Camper's Name _____ Social Security # _____
 Child's Street Address _____ City/State/Zip _____
 Phone _____ Date of Birth ___/___/___ Age _____ Gender: Male Female

MEDICAL INFORMATION:

State any medical problems: (If none check here) _____

Allergies to medicine, food, insects, animals, etc: (If none check here) _____

List any and all medications your child is taking: (If none check here) _____

PHYSICIAN/INSURANCE INFORMATION:

Physician's Name _____ Phone _____
 Address _____

Insurance Carrier _____ Phone _____
 Address _____ ID# _____ Policy # _____ Group# _____

ADDITIONAL INFORMATION YOU FEEL IS NECESSARY: _____

BY SIGNING BELOW

I state that I the parent/guardian have legal custody of the above child and attest that the information above is correct. I authorize the Allaire Country Day Camp Director or Director's designee to obtain emergency treatment for my child. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

THE FOLLOWING STEPS WILL BE FOLLOWED IN AN EMERGENCY:

1. The Parent/Guardian will be contacted immediately
2. The child's physician will be contacted
3. We will attempt to contact you through all emergency persons listed on the child's application form
4. If we cannot contact you or your child's physician we will do any of the following:
 - a. Call for emergency first aid
 - b. Call another physician
 - c. Have the child transported to an emergency hospital in the company of a staff member.

 Signature of Parent/Guardian

 Date



Allaire Country Day Summer Camp

EXPULSION POLICY

Unfortunately, there are sometimes reasons we have to expel a child from our program either on short term or a permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to terminate or suspend a child from this center.

I. PARENTAL ACTIONS FOR CHILD'S EXPULSION

- Failure to pay and/or habitual lateness in payments
- Failure to complete required forms including immunization records
- Physical and/or verbal abuse to staff

II. CHILD'S ACTIONS FOR EXPULSION

The camp reserves the right to dismiss any camper who's condition, conduct, influence or behavior is deemed unsatisfactory or detrimental to the best interest of the camp, staff or fellow campers.

**Allaire Country Day reserves the right to expel a child at any point.
No refunds will be issued.**

Name of Center: **Allaire Country Day**

Name of Child: _____

Parent/Guardian Signature: _____

Date: _____



Allaire Country Day Summer Camp

PHOTOGRAPHY CONSENT

This form will give my permission for my child to be photographed under the following conditions while they are a camper at Allaire Country Day. I understand that this is the policy of Allaire Country Day that unless expressly permitted by a parent at the time a photograph is used or printed that the names of children will NEVER be associated with their photograph.

1. Insertion in the camp photo album Yes No
2. Camp projects to be sent home Yes No
3. Possible use in future camp brochures Yes No
4. News releases Yes No
5. Newspaper Advertisements Yes No

Name of Child: _____

Parent/Guardian Signature: _____

Date: _____



Allaire Country Day Summer Camp HEALTH RELEASE FORM

This form must be completed by a Licensed Physician and returned with the Registration Form.

CHILD'S NAME: _____ Grade in Sept. 2012: _____

Immunization History

Vaccines	DATES					
DTP						
Haemophilus Influenza b (HIB)						
Polio						
Measles/Mumps/Rubella (MMR)						
Hepatitis B						
Tuberculin Test Given						
Pneumococcal Conjugate (PCV)						
Varicella						
Other: _____						

Physician's Health Care Recommendations

The last date I examined the above applicant was _____		(Date Examined)
The above's condition <input type="checkbox"/> DOES <input type="checkbox"/> DOES NOT		preclude his/her participation in a summer camp/after school care program.
Height	Weight	Blood Pressure
The applicant is under the care of a physician for the following condition(s):		
Current treatment (include current medications):		
Explanation of any reported loss of consciousness, convulsion, or concussion:		
Does Applicant have epilepsy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does Applicant have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No

Recommendations & Restrictions While at Summer Camp

Any treatment to be continued at site?
Any allergies (food, drugs, plants, insects, etc.)?
Any medication to be administered at site (specific dosages)?
Additional health information

PHYSICIAN'S SIGNATURE

Licensed Physician's Signature	
Address:	Phone #
Date Form is Completed:	If Form Completed by Nurse, please initial:



SPECIAL EVENTS

Pre-K thru 8th Grade Registration (min. 4 years old)

CAMPER'S NAME _____ AGE _____ GRADE IN FALL 2012 _____

ADDRESS _____ PHONE _____

EVENT	LOCATION	DAY	DATE	TIME	GRADE	LUNCH	WAIVER	FEE	TOTAL
Aspiring Artist	Goodsports	Tuesday	6/19	10:00-3:00	PreK-K	Bring Bagged		\$10	
Aspiring Artist	Goodsports	Wednesday	6/20	10:00-3:00	1st-8th	Bring Bagged		\$10	
Insectropolis	Toms River	Wednesday	6/27	10:00-3:00	PreK-3rd	Bring Bagged		\$15	
Surfing	Belmar	Friday	6/29	10:00-3:00	4th-8th	Bring Bagged	YES	\$35	
Lizard Guy	Goodsports	Monday	7/2	10:00-3:00	PreK-8th	Bring Bagged		\$10	
Gamer Zone	Morganville	Tuesday	7/10	10:00-3:00	4th-8th	Pizza		\$25	
Sand Castle Contest	Belmar	Wednesday	7/11	10:00-3:00	PreK-8th	Bring Bagged		\$15	
Blue Claws	Lakewood	Wednesday	7/11	10:00-3:00	1st-8th	Hot Dog		\$25	
Fun Bus	Goodsports	Thursday	7/12	10:00-3:00	PreK-K	Bring Bagged		\$10	
Kayaking	Belmar	Friday	7/13	10:00-3:00	4th-8th	Bring Bagged	YES	\$35	
Blue Claws	Lakewood	Tuesday	7/17	10:00-3:00	1st-8th	Hot Dog		\$25	
Jungleriffic	Oakhurst	Wednesday	7/18	10:00-3:00	PreK-K	Bring Bagged		\$20	
Medieval Times	Lyndhurst	Wednesday	7/18	10:00-3:00	3rd-8th	Chicken		\$55	
Planetarium	Toms River	Thursday	7/19	10:00-3:00	PreK-3rd	Bring Bagged		\$20	
Aspiring Artist	Goodsports	Monday	7/23	10:00-3:00	PreK-K	Bring Bagged		\$10	
Blackbeards Cave	Bayville	Monday	7/23	10:00-3:00	1st-8th	Hotdog/Burger		\$40	
Wonder Wing	Lincroft	Tuesday	7/24	10:00-3:00	PreK-K	Bring Bagged		\$15	
Jenkinson's Aquarium	Pt. Pleasant	Wednesday	7/25	10:00-3:00	PreK-8th	Bring Bagged		\$20	
Aspiring Artist	Goodsports	Thursday	7/26	10:00-3:00	1st-8th	Bring Bagged		\$10	
Combat Sports	Manalapan	Friday	7/27	8:30 Arrival	4th-8th	Pizza	YES	\$35	
Ice Skating	Wall	Monday	7/30	10:00-3:00	1st-8th	Pizza		\$25	
Allaire State Park	Wall	Tuesday	7/31	10:00-3:00	PreK-3rd	Bring Bagged		\$20	
Breakwater Park	Seaside	Thursday	8/2	10:00-3:00	1st-8th	Bring Bagged		\$50	
Bowling	Sea Girt	Friday	8/3	10:00-3:00	PreK-8th	Pizza		\$20	
Aspiring Artist	Goodsports	Monday	8/6	10:00-3:00	1st-8th	Bring Bagged		\$10	
Combat Sports	Manalapan	Tuesday	8/7	8:30 Arrival	4th-8th	Pizza	YES	\$35	
Pirates on the Manasquan	Wall	Wednesday	8/8	10:00-3:00	PreK-3rd	Bring Bagged		\$25	
Surfing	Belmar	Thursday	8/9	10:00-3:00	4th-8th	Bring Bagged	YES	\$35	
Aspiring Artist	Goodsports	Thursday	8/9	10:00-3:00	PreK-K	Bring Bagged		\$10	
House of Bounce	Wall	Tuesday	8/14	10:00-3:00	PreK-3	Pizza		\$25	
Gamer Zone	Morganville	Wednesday	8/15	10:00-3:00	4th-8th	Pizza		\$25	
Kayaking	Belmar	Thursday	8/16	10:00-3:00	4th-8th	Bring Bagged	YES	\$35	
Aspiring Artist	Goodsports	Monday	8/20	10:00-3:00	PreK-K	Bring Bagged		\$10	
Aspiring Artist	Goodsports	Tuesday	8/21	10:00-3:00	1st-8th	Bring Bagged		\$10	

(Continued on page 10...)

SPECIAL EVENTS TOTAL \$ _____



SPECIAL EVENTS

Pre-K thru 8th Grade (min. 4 years old)

(Continued from page 9...)

CAMPER'S NAME _____ AGE _____ GRADE _____

ADDRESS _____

PHONE (EMERGENCY CONTACT) _____

PERMISSION/WAIVER I hereby give permission for the above-named child to participate in A.C.D. Special Events. By signing below I hereby release and agree to hold harmless GoodSports USA and it's staff to the fullest extent allowed by law from any and all claims for personal or bodily injury and property damage occurring or resulting from the above named child's participation. I give permission for the above named child to ride on the bus/van to any event that is off-site from the GoodSports USA campus. I hereby authorize the GoodSports USA and Allaire Country Day staff to obtain any needed medical assistance for my child in case of an emergency, illness, or accident. I understand that any resulting expenses or charges are my responsibility and I will pay them immediately, either directly or through personal insurance.



Signature of Parent/Guardian

Date

- All special event fees are in addition to existing regular camp fees
- Event days/times subject to change
- Payment is due in full at time of registration.
- In order to participate in any "Special Event" the camper(s) must be registered for camp on the date of the event listed and paid in full.
- Special event fees listed are per camper/per event. These are NOT included in regular camp fees.

LIMITED SPOTS AVAILABLE!!

2903 Highway 138 • Wall, NJ 07719 • 732-681-4651

www.allairecountryday.com