

Memorial Park Church Summer Surge 2010

Registration deadline: June 4, 2010

Half Day Camp - \$40 Day Camp - \$85

Office use only _____

___DB ___HF ___CSP___CSE

Session 1: June 21 - 25 Session 2: June 28 - July 2 Session 3: July 12- 16

Complete this area for **HALF DAY CAMP** registrations - all children age 4 years by 6/1/10 through current Kindergartners

Choose only one week per child:	HALF DAY CAMP	Birthdate M/D/Y	Grade will be in fall 2010 PS/ K/ 1	Pick a t-shirt size:				Male or Female	You may choose <u>one</u> friend to be in same group. Write friend's full name here:
JUNE 21-25				JUNE 28 JULY 2	JULY 12-16	YS 6-8	YM 10-12		
<input type="checkbox"/>	First and Last Name:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Complete this area for **DAY CAMP** registrations. All children **currently in grades 1 through 5** (2009 - 2010 school year)

Choose only one week per child:	DAY CAMP	Grade will be in fall 2010	Pick a t-shirt size: (tend to run small)							Male or Female	You may choose <u>one</u> friend to be in same squad. Must be w/in one grade. Friend's full name:	
JUNE 21-25			JUNE 28 JULY 2	JULY 12-16	YS 6-8	YM 10-12	YL 14-16	AS	AM			AL
<input type="checkbox"/>	First and Last Name:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Camper lives with: Both Parents Mother Father Grandparents Guardian

Parent(s)/Guardian: Female: _____ Male: _____

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Home Church: _____

**Parent's email: _____ **Our primary means of communication with you.

What do you most desire your camper to experience at Summer Surge? _____

Half Day Campers: Do you want to reserve a CD with the daily songs from Camp? **Y** or **N** (\$4 each payable at camp)

I understand the Summer Surge application procedure as indicated below. I have written any necessary and pertinent information concerning our family and our camper(s) which will assist the counselors as they interact with my child.

- Complete this application and the health form for each camper. The Climbing Wall Release must also be completed for Day Camp applicants only. Additional applications can be found on our website @ memorialparkchurch.org
- **Day Camp applicants:** Be sure to complete the elective choices on the back of this form.
- Return all forms with payment to the address below. Refunds for cancellations cannot be made after June 4, 2010.

Signature of parent or guardian _____ Date _____

1/2 Day Campers ____ X \$40 = ____ # Day Campers ____ X \$85 = ____ Total payment enclosed: \$ _____

Check # _____ (payable to Memorial Park Church) **OR** Cash \$ _____

For more information: Tammy at (412) 364-9492 Mail registration/fee to: Summer Surge @ Memorial Park Church
or tammy@memorialparkchurch.org 8800 Peebles Road; Allison Park, PA 15101

Day Camp Electives (for all Day Campers only)

Office Use: _____

- Electives are small group activities in which you will develop skills and receive personal attention by elective leaders. These activities take place after lunch until the end of the camp day.
- Pick **FOUR** activities from the list below for each camper to do each afternoon during camp. Each camper will receive **TWO** of these choices. You will find out your choices at the Kick-off event on Sunday evening of your camp week.
- Electives are assigned in the order applications are received, so the earlier you apply, the better your chances of getting your top two choices. We reserve the right to “balance out” an elective in regards to age and gender of the campers.

Elective: What it is:

Archery	Develop shooting skills; learn safety and stringing. Must be entering grades 4 & up.
"B" Active	Each day we will play a different "B" game such as Badminton, Balloon Games, Biking, Billiards, and Bocce. Must be able to bring your own bike one day of camp.
Baseball/Softball	Learn basic skills of pitching, hitting and fielding. Put them into action during daily scrimmages.
Basketball	Practice/polish shooting, dribbling and passing skills. Scrimmage. <u>Indicate beginner or experienced.</u>
Beading/Bracelets	Learn basic knots and patterns such as chevron, rag rug, and basic diagonal stripe.
Cartooning	Learn drawing comic basics, make characters “move” and create different expressions.
Climbing Wall	Test your skills beyond the basics learned during morning initiatives.
Comedy Shorts	Learn basic comedic acting techniques and put together short skits for the other campers.
Cooking	Make fun recipes you get to eat each day! Boys and girls are welcome!
Dance	Learn basic dance team and pom pom dance styles. Perform a routine for the other campers.
Flag Football	Practice skills and drills, and scrimmage every day.
Game Day	Apples to Apples, Cranium, Pictionary, Scattogories and the like. Play a different game each day!
Personal Pillow/ Ceramics	Create and decorate a simple pillow for yourself or to give away. Design and paint a ceramic plate.
Science	Bug-collecting and other hands-on science activities like min-rockets make this a “blast”!
Scrapbooking	Learn layout and design tips in creating your own scrapbook pages. You provide your favorite photos!
Spa Days	Pamper yourself each day with a manicure, pedicure, facial or hair wrap.
Soccer	Practice some skills and drills, and scrimmage every day. Come for the fun!
Street Hockey	Learn the basics of the game. Scrimmage each day! <u>Indicate beginner or experienced.</u>
Woodworking	Learn how to sand, stain or paint, and assemble a project you’ll be proud to own!

Write your elective choices in order of preference. Your four choices will be confirmed on your registration confirmation, BUT you will find out your two assigned electives at the Summer Surge Kick-off on the Sunday evening just before camp. Due to the scheduling process, once electives have been assigned, they can only be switched due to an injury occurring before the start of camp. Let us know ASAP!

Day Camper Name: _____

Choice:	1.) _____	1.) _____	1.) _____
	2.) _____	2.) _____	2.) _____
	3.) _____	3.) _____	3.) _____
	4.) _____	4.) _____	4.) _____
(in case we need a backup):	5.) _____	5.) _____	5.) _____

Summer Surge Health and Release Form 2010

Family Last Name _____

In case of emergency, contact:

Session: June 21-25 June 28-July 2 July 12-16

Name: _____ Relationship to Camper: _____

Number contact can be reached during camp: () _____ OR () _____

Name: _____ Relationship to Camper: _____

Number contact can be reached during camp: () _____ OR () _____

Is contact at camp? _____ Name? _____ Camp location? _____

Complete for all campers even if no conditions exist. Mark all current conditions with an "X" and explain below.

Camper Name: _____	JR / DAY _____	Age: _____	Weight _____	*in case of medical treatment
_____ Asthma	_____ Dizziness/Fainting	_____ Frequent Headaches/Stomachaches	_____ Seizures	
_____ AD/HD	_____ Easy Bruising/Bleeding	_____ Heart Problem	_____ Sunburns easily (lotion up!)	
_____ Diabetes	_____ Frequent Ear Infections	_____ Nosebleeds	_____ Other: _____	
Shots up to date? _____ If not, explain _____		Last physical exam: _____		
Any special instructions or concerns: _____				
List any allergies and describe symptoms or reaction and the severity:				
Food _____		Insect/Environmental _____		
Allergic to any medications? _____		Will you provide Camp Nurse with an Epi-pen? _____		
Emergency treatment: _____				

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Shots up to date? _____ If not, explain _____		Last physical exam: _____		
Any special instructions or concerns: _____				
List any allergies and describe symptoms or reaction and the severity:				
Food _____		Insect/Environmental _____		
Allergic to any medications? _____		Will you provide Camp Nurse with an Epi-pen? _____		
Emergency treatment: _____				

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Any special instructions or concerns: _____				
List any allergies and describe symptoms or reaction and the severity:				
Food _____		Insect/Environmental _____		
Allergic to any medications? _____		Will you provide Camp Nurse with an Epi-pen? _____		
Emergency treatment: _____				

Please read all of the following carefully and sign all places where indicated

Permission for treatment

In the event of a minor illness or injury, I understand that my child(ren) will receive BASIC FIRST AID, and that a log of treatment rendered will be maintained by the Camp Nurse. When deemed appropriate, or upon request, a copy will be sent home with my child. Such minor care may, at times require the administration of "over the counter" medications. I hereby give my permission to the Camp Nurse or his/her designee to administer the following medications (dose based on weight) as they deem appropriate. I have indicated "NO" beside the medications I do not wish my child(ren) to be given without my prior notification or under any circumstances. Otherwise, I understand that any time a medication is given, I will be notified after it is administered.

- Tylenol or Advil for fever/pain ■ Benedryl for allergic reactions ■ Tums or Rolaids for stomach upset
- Visine Allergy Eye Drops for allergic reactions involving eyes ■ Benedryl Spray for allergic rashes/minor skin bites
- Topical Antibiotics for abrasions, minor cuts ■ Topical Xylocaine Sprays (Solarcaine) for sunburn/other minor burns

If my child requires scheduled medication on a daily basis, I understand that it is my responsibility to provide such medication in a container labeled with my child's name, the name of the medication, the schedule of administration and the prescribing physician's name. If my child requires an inhaler, an epi-pen, sunscreen or any other special medications, I understand that it is my responsibility to deliver and pick up such items from the Camp Nurse and to provide the necessary instructions in writing.

In the event of a medical emergency, I understand that every effort will be made to contact the parents or guardians of the camper. In the event that I cannot be reached, I hereby give my permission to the Camp Director and/or the Camp Nurse to seek medical attention for my child. I also give permission to the hospital and/or physician secured by the camp to hospitalize, to provide appropriate treatment for, and to order injection, anesthesia, and/or surgery for my child as his/her illness or injury warrants.

Signature of parent/guardian _____ **Date** _____

Hospital preference (emergency only) _____

Insurance Company _____ Policy # _____

Consent and Liability Release

Camper's will be engaged in team activities that include, without limitation, interactive games involving running, jumping, climbing and other physical activity that are sports related including bouncing on the moon walk, playing on playground equipment and water games. Although Memorial Park Church (MPC) will use reasonable efforts to minimize risks, participation will expose the Camper to the possibility of accidents, including, but not limited to cuts, sprains, abrasions, and other minor injuries. The undersigned parent or legal guardian of the Camper hereby voluntarily consents to the Camper's participation in all Summer Surge activities, except as otherwise specified in writing. Furthermore, the undersigned hereby forever releases, acquits, discharges, and agrees to hold harmless MPC and its agents, employees, directors, officers, successors, assigns, and volunteers, from any and all claims, demands, actions and causes of action of any sort, for personal injury or damage to property arising out of or sustained during the Camper's presence on the MPC property and participation in Summer Surge. The undersigned hereby certifies that he/she has read the foregoing and has been fully informed of the risks involved in the Camper's participation in Summer Surge.

Signature of parent/guardian _____ **Date** _____

Photo Release

The undersigned parent or legal guardian of the Camper, gives permission to publish or reproduce photographs of the Camper captured during Summer Surge by the MPC staff or by local media to use for presentations or promotional purposes (including brochures, power point slide show, newspaper and website). The undersigned agrees that the photographs and related products shall be the sole property of MPC and hereby waives any rights of compensation or ownership with respect thereto. The undersigned waives any applicable publicity, privacy, or other likeness rights related to the photographs of the Camper and expressly indemnifies, releases, discharges, and holds harmless MPC and its agents, employees, directors, officers, successors, assigns, and volunteers from any and all claims arising out of such photos including, without limitation, any violations of the rights of publicity, privacy, or other likeness rights.

Signature of parent/guardian _____ **Date** _____

TO BE COMPLETED AND RETURNED BY ALL DAY CAMPERS
Climbing wall permission and Memorial Park Church release form

Dear Parents of Day Campers,

Please go over this release with your child, have him/her initial as indicated, sign as indicated, and return with your camper application and health form. We will begin using the climbing wall on the first day of Summer Surge and we MUST have this signed release before your child(ren) may participate.

I acknowledge the inherent extreme risk in both low and high Challenge Course activities associated with the climbing wall at the Memorial Park Church's Clayton Community Youth Center. I realize that those risks include falls, equipment failure, bad decision-making, inattentive belayers, and holds that have become loose or damaged by other climbers. I understand that there are unforeseeable, freakish accidents, and I assume all risks associated with such accidents, even though I cannot foresee them. I agree to pay attention to the state of the equipment at the rock wall course area, and to advise the staff if I do any damage or notice any damage. I have been informed of and agree to abide by all of the safety rules. I agree to obey any instruction give to me by Memorial Park Summer Surge staff regarding use of the climbing wall. _____ (initial of climber or climbers)

I am physically fit and know of no medical or health reason why I should not participate in the activities that take place with the rock climbing wall at Clayton Community Youth Center. _____ (initial of climber or climbers)

This release applies to and binds the personal representative, heirs, and family of the climber(s). If a member of the family under the age of 18 accompanies the climber stated below to the climbing area, I make this release and these representations on his or her behalf, and I agree to assume responsibility for his or her safety.

I understand that this release is a binding legal contract. I sign it of my own free will. I also understand that this contract is severable; In other words, that if any part of it is held by a court of law to be unenforceable, the rest of it shall survive.

I acknowledge that no participant in Summer Surge will be permitted to use the climbing wall unless this release is signed by a parent or guardian of that participant.

MY CHILD(REN) NAMED BELOW

_____ HAVE MY PERMISSION TO CLIMB THE WALL AT THE CLAYTON COMMUNITY YOUTH CENTER AT MEMORIAL PARK CHURCH

_____ DO NOT HAVE MY PERMISSION TO CLIMB THE WALL AT THE CLAYTON COMMUNITY YOUTH CENTER AT MEMORIAL PARK CHURCH

Parent or Legal Guardian's printed name: _____

Parent/Guardian Signature _____ Date: _____

Emergency phone # during camp: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____