

CAMP MAX! REGISTRATION 2020

CAMPER'S NAME: _____ NICKNAME _____

Birth date: _____ Grade in School next Fall: _____

PARENT INFORMATION:

Parent/Guardian #1 Name: _____

Winter Mailing Address: _____

Summer Mailing Address: _____

Phone: _____ Cell: _____ Email: _____

Parent/Guardian #2 Name: _____

Winter Mailing Address: _____

Summer Mailing Address: _____

Phone: _____ Cell: _____ Email: _____

PERSONS PERMITTED TO REMOVE CHILD FROM CAMP:

Name: _____ Phone: _____

Name: _____ Phone: _____

Camp MUST be notified when regular pick-up will vary.

EMERGENCY CONTACTS: (Someone within 1/2 hour drive of Harbor House who is willing to pick up your child if he or she becomes ill during camp and we are unable to reach you.)

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

PARENT EMPLOYMENT INFORMATION:

Parent/Guardian #1 Employer: _____ Phone: _____

Address: _____

Parent/Guardian #2 Employer: _____ Phone: _____

Address: _____

SPECIAL CUSTODY ARRANGEMENTS of which we should be aware:

CHILD'S PHYSICIAN: _____ Phone _____

CHILD'S DENTIST: _____ Phone: _____

LIST ANY ALLERGIES: _____

LIST ANY MEDICATIONS: _____

Note: Camp Max staff will not dispense prescription medication to any camper, except for the use of Epi pens for severe allergic reactions. If your child may require an Epi pen, or an over the counter medication, please ask Camp Max staff for a separate form which must be filled out ahead of camp.

PLEASE CIRCLE: My child is a Non Swimmer / Beginner / Intermediate / Advanced

ADDITIONAL INFORMATION ABOUT YOUR CHILD:

Please explain any factors concerning your child's health or behavior that the staff should know in order to provide the best possible experience for your child. Include illnesses, allergies, fears, developmental concerns, etc.

Does your child require a 'one on one' aid during the school year (circle one) YES NO

If yes please explain: _____

CAMPER NAME: _____

MEDICAL RELEASE: In the event of a medical emergency when I cannot be contacted, I hereby give my consent for Harbor House staff to obtain whatever medical treatment may be necessary for my child. I give authorization for the above-named child to receive treatment in any hospital emergency department, and I hereby hold Harbor House, its staff and assigns harmless from any incident that may arise from my child's participation in any Harbor House Program.

Parent/Guardian Signature _____ Date _____

PHOTO RELEASE: I do ___ do not ___ give my permission for photographs of my child participating in camp activities to be used by Harbor House for public relations and advertising purposes. Failure to check one of the above will constitute consent.

WAIVER/RELEASE: I hereby grant permission for my child listed on this registration form to participate in all camp activities with the understanding that appropriate supervision and safety practices are provided by Harbor House. I understand that Camp MAX! includes a variety of activities including, but not limited to, hiking, active games and sports, arts & crafts, nature activities, boating, wagon rides and swimming and wading in pools, lakes and the ocean. Children participating in Camp MAX! may be transported by bus, van or personal vehicle.

I understand that my child's participation in these activities can expose him or her to danger both from known and unanticipated risks. Acknowledging that such risks exist, I hereby waive, release, absolve, indemnify and agree to hold harmless Harbor House Inc. and its trustees, officers, agents, employees and volunteers from any and all claims for liability for personal injury or property damage my child may suffer while participating in summer camp activities. I specifically agree to release and hereby release Harbor House Inc. and its trustees, officers, agents, employees and volunteers from any negligence.

I understand that the substantive laws of the State of Maine govern this Document and other aspects of my relationship with Harbor House Community Service Center and that any mediation, suit or other proceeding must be filed or entered into only in Maine.

In signing this waiver I hereby declare my child to be physically sound and able to participate in all aspects of Harbor House Summer Camps.

Parent Signature: _____ Date: _____

Please circle the weeks your child will be attending CAMP MAX!

WK 1 WK2 WK3 WK4 WK5 WK6 WK7 WK8 WK9
*1/2 day *1/2 day

HARBOR HOUSE CAMP MAX! 2020

CAMPER: _____

PARENT: _____

ADDRESS: _____

PREFERRED PHONE: _____ EMAIL: _____

REGISTRATION: Your child's space will be held once your registration form and deposit have been received. Registration forms with deposits can be dropped off at the Harbor House Office at 329 Main Street, faxed with credit card information to (207)244-9569 or mailed to: Harbor House Community Service Center, P.O. Box 836, Southwest Harbor, Maine, 04679. Please write your child's name on the memo line of your check. We accept Master Card, VISA, American Express and Discover.

RATES: Year round resident of AOS91 \$185.00, Non-resident \$220
***1/2 day option for Sailing Camp/Story Camp \$100 (due at time of registration)**
Please Circle Week 3 if your child is participating in Future Trojan Camp

			*1/2 Day Option
Wk 1 June 22-26	\$185.00/\$220.00	_____	_____
Wk 2 June 29-July 2	\$150.00/\$180.00	_____	Sailing/Story
Wk 3 July 6-10*	\$185.00/\$220.00	_____	_____
Wk 4 July 13-17	\$185.00/\$220.00	_____	Sailing/Story Future Trojans
Wk 5 July 20-24	\$185.00/\$220.00	_____	
Wk 6 July 27-31	\$185.00/\$220.00	_____	
Wk 7 August 3-7	\$185.00/\$220.00	_____	
Wk 8 Aug 10-14	\$185.00/\$220.00	_____	
Wk 9 Aug 17-21	\$185.00/\$220.00	_____	

*No camp July 3rd
 *Future Trojan Camp Wk3

TOTAL DUE FOR CAMP _____

MINUS DEPOSIT _____
 (# weeks X \$25.00)

REMAINING BALANCE _____

DEPOSITS/FEES: In order to reserve a spot for your camper, a **non-refundable** deposit of \$25.00 per week **must** be paid in order to register your child. Cancellation of a week of camp must be received in the main office at least 2 weeks prior to the cancelled week in order to avoid being charged the full balance for that week. A \$25 fee will be charged for any checks returned due to insufficient funds. **Please initial:** _____

PAYMENT: Balance of payment for a week of camp must be received by Harbor House two (2) weeks prior to the start of that week of camp. Failure to adhere to this policy may result in loss of the camper's reservation for the week. Requests for exception to this policy must be submitted in writing to the Camp Director and will be considered in consultation with the Executive Director.

FINANCIAL AID: Our Helping Hand scholarships can reduce the cost of camp for families who qualify. Stop by Harbor House and request an application or download the form from our website at www.harborhousemdi.org