

ORA Summer Pool Camp

A non-refundable deposit of \$50.00 is due, per week, to secure a child's place at camp.

The remaining balance must be paid in full before the child begins camp.

Child (Completed Kindergarten – age 12) Child's Full Name: _____

Gender: _____

Birth date: ____/____/____

Age (as of June 1, 2024) : _____

School Name: _____ Grade (2023-2024): _____

Street Address: _____

Town/City: _____ State: _____ Zip code: _____

Child's Home Phone: _____

Child lives with: _____

Person responsible for payment: _____

Parent/Guardian - Contact Information

Parent/Guardian #1

Parent's Full Name: _____ Ms. Mrs. Mr. Other _____ Street _____

Address: _____

Town/City _____ State _____ Zip code _____

Cell Phone: _____ Work Phone: _____ Email: _____

Occupation: _____ Employer: _____

Parent/Guardian #2

Parent's Full Name: _____ Ms. Mrs. Mr. Other _____ Street _____

Address: _____

Town/City _____ State _____ Zip code _____

Cell Phone: _____ Work Phone: _____ Email: _____

Occupation: _____ Employer: _____

Pool End of Day Release

In addition to parents/guardians, the following people have permission to pick up my children from camp:

Medical Release Information

Name of Health Insurance Provider _____

Policy Number: _____ Group ID: _____

Primary Physician: _____

Address: _____

Phone: _____ Hospital Preference: _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem	Required treatment	Should paramedic be called?
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?
Yes__ No__ If yes, explain: _____ Is

your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. Parent's/Guardian's Initials _____

I understand that the Onley Recreational Association will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as a parent/guardian. Parent's/Guardian's Initials _____

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the Onley Recreation Association Swim Camp. I understand the photos will be used to keep a journal of activities, to share during PowerPoint presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Onley Recreational Association.

Parent's/Guardian's Initials _____

Lost or Damaged Property

The Onley Recreational Association is not responsible for lost or damaged personal property.

Parent's/Guardian's Initials _____

Late Fee Pick-up Policy

If you will be late for our 4:00 p.m. pick-up time, please call to notify the camp counselors immediately. Late pick-ups, even with prior communication, will incur a late fee of \$1 per minute, per child. Late pickups without communication will not be tolerated.

Parent's/Guardian's Initials _____

Guardian Signature: _____

Date: _____

Printed Name of Parent/Guardian: _____

TUITION INFORMATION (per week) _____ \$120 Member _____ \$160 Non-Member

My child will be attending the ORA Pool Summer Camp:

- _____ Week 1: June 17 to June 21
- _____ Week 2: June 24 to June 28
- _____ Week 3: July 8 to July 12
- _____ Week 4: July 15 to July 19
- _____ Week 5: July 29 to August 2
- _____ Week 6: August 5 to August 9
- _____ Week 7: August 12 to August 16

For Office Use Only:
Week (s): _____
Deposit paid: _____
<input type="checkbox"/> Copy made
Remaining Balance Paid: _____

Hours: 8:30 a.m. - 4:00 p.m. Drop off: 8:30 a.m. - 8:45 a.m. Pick-up: 3:45 p.m. - 4:00 p.m.