

SUMMER CAMP REGISTRATION

PLEASE READ

To register, please fill out the registration form completely. Completed forms can be emailed to sp.lmtrailblazers@gmail.com, mailed or dropped at the hut in the drop box. Registration fee is due with forms, and can be made payable by cash, check or website: pay.lmtrailblazers.org/wanderers. Registration forms do not guarantee a spot without fee paid.

Pricing and dates for camp are below.

Registration will end on May 1. After May 1, you will have an opportunity to turn in forms if all spots have not been filled at that time. We are accepting 100 children per week. NO forms will be accepted after the 100 spots are filled,

Lake Martin Trailblazers Summer Day Camp (K - 6th)

June 1st - 5th
7:30 am - 5:30 pm

July 6th-10th
7:30 am - 5:30 pm

June 8th - 12th
7:30 am - 5:30 pm

July 13th-17th
7:30 am - 5:30 pm

June 15th - 19th
7:30 am - 5:30 pm

July 20th -24th
7:30 am - 5:30 pm

June 22nd - 26th
7:30 am - 5:30 pm

July 27th - 31
7:30 am - 5:30 pm

Prices are Weekly

\$105 for 1st child....\$165 for 2 children.....\$190 for 3 children

\$75.00 Registration Fee Per Child - Children MUST be siblings to receive discounts.

There will be a \$75.00 registration fee per child to hold your spot. Registration fee will include, T shirt, Backpack and Water Bottle. Drop off for camp will begin at 7:30 am and pick up must be no later than 5:30 pm. The camp will provide lunch and an afternoon snack, please make sure children have had breakfast before they arrive or breakfast may be brought to camp. During Camp we will be doing learning exercises, with activities, and outside play. Please be sure to dress your children accordingly, things might get messy. Swimsuits and towels will need to be brought everyday. We are working with Alex City Parks and Rec this year and will be participating in swimming lessons. Swim Lesson date is TBD. This will account for 2 weeks of camp, more info will be available closer to camp time.

We will be asking all registrants to participate in fundraising this year. The fundraising helps to cover the cost of food, free swim and field trips.

This camp is designed for children ages 5-12 years old. However, if your child is entering 7th - 10th grade and will be 13 by June 1 and would like the opportunity to be junior or senior counselors, there is a spot for them as well.

This is a great opportunity for them to get a jump start on community service hours and will give them some leadership skills, not to mention all the fun they will have. Please email me at sp.lmtrailblazers@gmail.com to sign up a volunteer.

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- T shirts will be provided and must be worn for outings. We will only provide 1 shirt.
 - Water Bottles and Backpacks will be provided and must be brought to camp DAILY.



SUMMER CAMP REGISTRATION

If you are under the age of 18, this form must be completed by a parent or legal guardian.

Return this completed form to:

Staci Pemberton
1605 Arena Road
Alexander City, AL 35010
Phone: (256) 794-2843
Email: sp.lmtrailblazers@gmail.com

Participant Name (#1): _____
Participant DOB: _____ AGE: _____ Participant Gender: M _____ F _____
School: _____
Shirt Size (circle one): YXS YS YM YL YXL AS AM AL AXL

Participant Name (#2): _____
Participant DOB: _____ AGE: _____ Participant Gender: M _____ F _____
School: _____
Shirt Size (circle one): YXS YS YM YL YXL AS AM AL AXL

Participant Name (#3): _____
Participant DOB: _____ AGE: _____ Participant Gender: M _____ F _____
School: _____
Shirt Size (circle one): YXS YS YM YL YXL AS AM AL AXL

Parent's Name: _____
Address: _____
City: _____ County: _____ State: _____ Zip Code: _____
Phone: (_____) _____ Cell: (_____) _____
Email: _____

Approved Pick Up List: Name, Phone #

CAMP(S) ATTENDING (Please check box for camp(s) planning to attend and list children):

Day Camp June 1st-5th _____

Day Camp June 8th-12th _____

Day Camp June 15th-19th _____

Day Camp June 22nd-26th _____

Day Camp July 6th -10th _____

Day Camp July 13th - 17th _____

Day Camp July 20th- 24th _____

Day Camp July 27th - July 31st _____

You are only responsible for payment of the weeks your child attends camp. If you know your child will not attend a certain week, do not register them for that week. If you ARE registered for that week and DO NOT come, parents are responsible for payment of that week. Fees are a weekly fee, there are NO daily or drop in fees available.

**There will be No Camps May 25-May 29
June 29 - July 3**

GENERAL RELEASE AND MEDICAL RELEASE

I, _____, being fully aware of the potential risk and dangers of participation in camp activities, which may include but not be limited to horse riding, for example, do voluntarily participate and take part in said program of activities recognizing and acknowledging the risk of injuring myself, or others for whom I may be legally responsible. In consideration of having the opportunity to be a part of camp activities with Lake Martin Trailblazers, I do hereby fully release and discharge Lake Martin Trailblazers, its employees, agents, officers, managers, members, related companies, volunteers, servants, successors, and assigns from any and all claims, demands, rights, causes of action, damages, expenses and compensation of every kind whatsoever and including, without limitation, all liability for damages or injury of every kind, nature or description, including contagious or infectious disease, whether foreseen or unforeseen, known or unknown which may hereafter arise from or out of injuries and damages occurring during said the camp program, to include but not be limited to applicable periods of class and sojourn. In the event I am injured, I hereby authorize and consent to any basic first aid treatment and / or x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered under the general or special supervision and on the advice of a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision should any medical treatment become necessary during the aforesaid period. I further authorize and appoint Program Staff with full power of attorney to exercise and authorize the consent herein for such treatment at any hospital or other medical institution whose services are needed for such proper care and treatment. I do hereby release and discharge Program Staff from any and all liability resulting from the reasonable exercise of said power of attorney.

EXECUTED THIS _____ day of _____, 20__.

Witness: _____

Signature _____

(Parent or Guardian if Participant is under 19 years of age)

Email Address _____ Telephone Number _____

Mailing Address _____ City _____ State _____ Zip _____

HOSPITAL INSURANCE COVERAGE

Carrier:

Number:

Notify in Emergency:

Name _____ Phone# _____ Any allergies to bee stings, penicillin, hay, etc.? _____ Yes _____ No List

allergies: _____

Your child will be photographed and videoed for promotional use only during camp days.

You can order additional shirts for your child at registration or before May 1, \$18 each. Please indicate below if you would like additional shirts. Shirts must be worn for EVERY field trip.

Childs name; _____

Shirt Size: _____

How many: _____

Please sign below stating you have read this form entirely and you have an understanding of Lake Martin Trailblazers Summer Camp.

signature

date