

# ORA Summer Pool Camp

## Child (Completed Kindergarten – age 12)

Child's Full Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of June 1, 2025): \_\_\_\_

School Name: \_\_\_\_\_

Grade (2024-2025): \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Child's Home Phone: \_\_\_\_\_

Child lives with: \_\_\_\_\_ Person responsible for payment: \_\_\_\_\_

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.

## Parent/Guardian - Contact Information

### Parent/Guardian #1

Parent's Full Name: \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

### Parent/Guardian #2

Parent's Full Name: \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

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 conditions, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Condition	Required Treatment	Should an ambulance be called?
		Yes No
_____	_____	Yes No
_____	_____	Yes No

Is your child being treated for an injury or sickness, or taking any 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: \_\_\_\_\_

A concession stand is available. On the first day of drop off, please be prepared with what your child may or may not have from the concession stand if money is sent. Parent's/Guardian's Initials \_\_\_\_\_

I understand that I will be notified in the case of a medical emergency involving my child. If I cannot be reached, I authorize the calling of a doctor and the provision 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 a 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, newspapers, 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 16 to June 20  
\_\_\_\_\_ Week 2: June 23 to June 27  
\_\_\_\_\_ Week 3: July 7 to July 11  
\_\_\_\_\_ Week 4: July 14 to July 18

\_\_\_\_\_ Week 5: July 21 to July 25  
\_\_\_\_\_ Week 6: July 28 to August 1  
\_\_\_\_\_ Week 7: August 11 to August 15

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.

For Office Use Only:  
Week (s): \_\_\_\_\_  
Deposit paid: \_\_\_\_\_  
\_\_\_\_\_ Copy made  
\_\_\_\_\_ Updated spreadsheet  
Remaining Balance Paid: \_\_\_\_\_