

# SUMMER 2024

**\$50 summer registration fee**

Return completed forms along with Non-refundable registration fee to:

20 Media Line Road  
Newtown Square, PA 19073

**REGISTRATION FORM**  
PLEASE PRINT CLEARLY

<b>Name of Child</b>		Sex	Age	Current Grade
Birth Date				
<b>Parent 1 / Guardian Name</b>			Home Phone	
Home Address			Cell Phone	
Town / Zip		Email		
Employer			Work Phone	
Employer Address			Occupation	
<b>Parent 2 / Guardian Name</b>			Home Phone	
Home Address			Cell Phone	
Town / Zip		Email		
Employer			Work Phone	
Employer Address			Occupation	
<b>Emergency Contact Person(s)</b>				
Name		Relationship		Daytime Phone
Name		Relationship		Daytime Phone
SPECIAL DISABILITIES (IF ANY)			ALLERGIES INCLUDING ALLERGIC REACTION	
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION			MEDICATION, SPECIAL CONDITIONS	

Please check those items for which you give consent:

- |   |  |
|---|--|
| <input type="checkbox"/> EMERGENCY MEDICAL CARE | <input type="checkbox"/> MAY WATCH G OR PG MOVIES            |
| <input type="checkbox"/> BASIC FIRST AID        | <input type="checkbox"/> STAFF TO APPLY SUNSCREEN, IF NEEDED |
| <input type="checkbox"/> USE OF HAND SANITIZER  | <input type="checkbox"/> SCHOOL BUS TRANSPORTATION           |

MN Leisure Services insures all of its activities for public liability and property damage only. Registrants, participants and general public use is at one's own risk. Marple Newtown Joint Recreation Commission (aka, MN Leisure Services), Marple Township, Newtown Township, Marple Newtown School District, and any of their respective agents, will not be responsible for any medical bills received as a result of any participation injury, in any of their programs, activities, or use of properties or facilities.

All registrants, or parents of minor children, are required to complete the above insurance information and certification before they will be accepted into a program and allowed to participate. All medical claims must be sent to your personal health plan provider. In addition, I agree that pictures/video taken during programs may be used for future promotional purposes (news releases, web site, etc.).

I have read the above requirements and fully understand its content, and hereby certify and agree to hold harmless the parties of the Marple Newtown Joint Recreation Commission (aka MN Leisure Services) for injuries sustained while participating in any of its activities and programs. In the absence of a participant, parent or guardian's signature below, payment of fees and/or participation in the program shall constitute acceptance of the conditions set forth in this release.

Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



# Summer Camp 2024

Camp Hours are 9:00 am – 3:30 pm		Extended AM/PM Care
\$150 per week / regular 5 day program		7:30am – 9:00am / \$25 per week
\$100 per week / regular 3 day program		3:30pm – 5:00pm / \$25 per week

*Please check the boxes for which weeks you would like to register:*

Week	Session Dates	5-day Week	3-day Week
1	June 24– June 28		
2	July 1 – July 3 NO CAMP July 4 <sup>th</sup> , 5 <sup>th</sup>	X	
3	July 8 – July 12		
4	July 15 – July 19		
5	July 22 – July 26		
6	July 29 – August 2		

	EXTENDED AM/PM CARE	
Monday	<input type="checkbox"/> Before Camp	<input type="checkbox"/> After Camp
Tuesday	<input type="checkbox"/> Before Camp	<input type="checkbox"/> After Camp
Wednesday	<input type="checkbox"/> Before Camp	<input type="checkbox"/> After Camp
Thursday	<input type="checkbox"/> Before Camp	<input type="checkbox"/> After Camp
Friday	<input type="checkbox"/> Before Camp	<input type="checkbox"/> After Camp

Total Weekly fee: \_\_\_\_\_

For 3 days a week please specify days attending: \_\_\_\_\_

(Example: 5-day week \$150 + AM/PM care \$50 = \$200/wk)

Camper's Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_