

**Mindy's Den LLC Summer Camp Registration Form- 4 pages**

\*\*Please use one form per camper" **PLEASE PRINT**



Today's Date: \_\_\_\_\_ Camp Title: \_\_\_\_\_

Camp Dates & Location : \_\_\_\_\_

Camper's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Camp t-shirt size (included in camp price)- Please circle:    Small            Medium            Large

Parent/Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Does your child have any special needs which may impact his/her program experience?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe and let us know what accommodations we can make to ensure that his/her experience is enjoyable.

\_\_\_\_\_  
\_\_\_\_\_

Any food allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list below.

\_\_\_\_\_  
\_\_\_\_\_

Pick up Authorization- Please indicate who is authorized to pick up your child from Summer Camp

\_\_\_\_\_

Prompt pick up is required- Thank you

\_\_\_\_\_  
Signature of Parent/Guardian of minor

\_\_\_\_\_  
Date



**PAYMENT POLICY:** Payment is due in full at time of registration and may be paid online or mailed to:

**Mindy's Den LLC 20 Blue Jay Hill Road Westampton, NJ 08060**

Checks made payable to **Mindy's Den LLC**

**CANCELLATION POLICY:**

- A full refund will be issued if cancellation request is received no later than 4 weeks prior to the start of child's scheduled camp
- A 50% refund will be issued if cancellation is received by 2 weeks prior to the start of the camper's scheduled camp.
- No refund will be issued if cancellation request is received later than 2 weeks prior to the start of the child's scheduled camp.

**IMPORTANT: THIS BOX MUST BE COMPLETED FOR ATTENDANCE.**

We, the undersigned parents/guardian (releasers) of the above said minor, give permission for the minor to participate in the Mindy's Den LLC program as described and enrolled in. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program. The health information provided is accurate and truthful. We also give permission for this information to be shared with the appropriate camp staff and outside medical personnel as necessary. We understand that in the event that the minor needs medical treatment and we are unable to be reached, the staff of Mindy's Den LLC may take responsible action seeking appropriate care.

We also grant permission for Mindy's Den LLC to record, print, photograph, film and/or video the minor named above while he/she is attending Mindy's Den LLC Summer Day Camp. We understand this media may be used for television, print advertising, Mindy's Den LLC website and other promotional ads for Mindy's Den LLC.

On behalf of ourselves (as parents or guardians) we hereby release, indemnify and hold harmless Mindy's Den LLC, mobile school located at venues in New Jersey, its directors, officers, employees, affiliates, members, agents, volunteers, staff, heirs, representatives (collectively "Releasees") thereof from any and all liability claims and demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while the child is participating activities for the aforementioned activity.

\_\_\_\_\_  
**Signature of parent/guardian for minors (under 18 years old)**

\_\_\_\_\_  
**Date**



## Camp Guidelines for Mindy's Den LLC

Attention Parents/Guardians: Please review these guidelines with your child before camp begins. We will review them again with your child on the first day. These guidelines are set up to keep your child safe from hurting themselves and others.

- NO wandering from the group for any reason. Staff must know where you are at all times for safety reasons. If you need to leave the group for any reason, such as a bathroom break, a staff member must go with you.
- Observe safety guidelines given to you by staff at all times.
- Respect all wildlife, people and property.
- Bring a positive attitude.
- Any electronics brought to camp must stay in the camper's backpack during the camp day.

### CONSEQUENCES:

- 1ST offense: Verbal Warning
- 2nd offense: Time out
- 3rd offense: The camper must call their parents and take responsibility for their actions
- If a camper jeopardizes the safety of any camper or staff , said camper may be removed permanently from camp with NO refund. This is at the discretion of Mindy's Den LLC

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Signature of Parent/Guardian of minor

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Date

**PERMISSION TO TREAT CHILDREN IN CASE OF EMERGENCY**

I (We), \_\_\_\_\_ am (are) the parent(s) or legal guardian of:

NAME _____
BIRTHDATE _____ ALLERGIES _____
MEDICATIONS _____

Grant to MINDY'S DEN LLC the authority to consent outpatient or inpatient medical/surgical treatment of any above named minor. Should his/her condition require treatment, the above named person having physical custody or responsibility for the care of the minor in need may bring this consent to the physician or the hospital. This permission may include transportation and/or admission to an appropriate health care facility.

I (We) understand medical or surgical treatment can include diagnostic laboratory or radiology testing, injections, blood transfusions, medical or surgery considered necessary in the situation. I (We) set no limitations on treat for the above named minor other than:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I (We) understand that reasonable attempts will be made to contact me (us) as well as the personal physician listed below, time and conditions permitting. This authorization is effective from the date of signature until the following date: \_\_\_\_\_ (not to exceed nine (9) months from date of signature).

Signature of parent/legal guardian	Date	Emergency phone #	Relationship to child
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Signature of parent/legal guardian	Date	Emergency phone #	Relationship to child
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**ADDITIONAL INFORMATION**

Primary Care Physician \_\_\_\_\_ Address/Phone \_\_\_\_\_

Insured Work Place \_\_\_\_\_ Spouse's work place \_\_\_\_\_

Address/Phone	Address/Phone
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Other Contact \_\_\_\_\_ Phone/Address \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Name of policy holder \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Group Number \_\_\_\_\_ Policy Holder Date of Birth \_\_\_\_\_