

CHESAPEAKE ACADEMY  
**SUMMER CAMP 2018**  
REGISTRATION

Child's name: \_\_\_\_\_ Male  Female  Date of Birth: \_\_\_\_\_

**Camp Chesapeake (ages 4-6)**

**Tell Me a Story:**

Gizmos and Gadgets June 18-22 \_\_\_\_\_  
Towns and Trades June 25-29 \_\_\_\_\_  
Picnics and Playtime July 2-6 \_\_\_\_\_  
Pirates and Prizes July 9-13 \_\_\_\_\_  
Pigeons and Pals July 16-20 \_\_\_\_\_  
Gardens and Groves July 23-27 \_\_\_\_\_  
Frogs and Fearlessness July 30-Aug. 2 \_\_\_\_\_  
Cats and Chords Aug. 6-10 \_\_\_\_\_  
Slithers and Scales Aug. 13-19 \_\_\_\_\_

**Summer Camps (ages 7-13)**

Builder's Boot Camp June 25-29 \_\_\_\_\_  
I Scream for Ice Cream July 2-6 \_\_\_\_\_  
Farm to Table July 9-13 \_\_\_\_\_  
Sports July 16-20 \_\_\_\_\_  
Nnk Explorers July 23-27 \_\_\_\_\_  
Mystery Tour July 30-Aug. 3 \_\_\_\_\_  
Music Mania August 6-10 \_\_\_\_\_

\* No camp on July 4th\*

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

Home Phone # \_\_\_\_\_ Grade Child Will Complete in Spring 2018: \_\_\_\_\_

**Parent / Guardian Information:**

Mother's Name: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Who has legal custody? Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Both: \_\_\_\_\_ Guardian: \_\_\_\_\_ Other: \_\_\_\_\_

Family e-mail address: \_\_\_\_\_

**Emergency Information:**

List any food allergies: \_\_\_\_\_

List any medical requirements: \_\_\_\_\_

Permission to give over the counter medications when needed: (please initial one) YES \_\_\_\_\_ NO \_\_\_\_\_

Ok for age/size appropriate doses of (initial those that apply) Tylenol: \_\_\_\_\_ Throat lozenges: \_\_\_\_\_ Benadryl: \_\_\_\_\_

Medications from home must be in the original container with label intact and child's name on it.

Doctor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Two people to contact if parent(s) cannot be reached:

1. Name: \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Person(s) authorized to pick up child:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Person(s) NOT authorized to pick up child: (if a parent, court documentation must be attached with this form)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### AGREEMENTS

**I have read and understand the following (initial after reading):**

1. \_\_\_ I, parent/guardian give permission for my child to travel to various field trips in an authorized Chesapeake Academy vehicle. I parent/guardian understand that I will be informed of all planned field trips.
2. \_\_\_ I, parent/guardian agree to hold harmless Chesapeake Academy, Inc., it's Board of Trustees, administration, faculty, camp staff or any affiliates of same (persons or organizations acting on behalf of Chesapeake Academy) jointly and/or severally in the event of accident or mishap.
3. \_\_\_ I, parent/guardian, hereby authorize the Chesapeake Academy Summer Camp Program, acting as an agent of the program to act in *loco parentis* with respect to emergency medical treatment for my child's health and well-being. I also agree to be responsible for any cost associated with such care.
4. \_\_\_ I, parent/guardian, grant permission for my child to be included in Chesapeake Academy Summer Camp pictures, and give permission for those pictures to be used for displays, brochures, and promotional materials with no compensation to my child or me.
5. \_\_\_ I, parent/guardian, understand that my child will be swimming during the program hours.
6. \_\_\_ I, parent/guardian, hereby certify that to the best of my knowledge, my child is able to safely participate in the program activities for which he or she has been registered.
7. \_\_\_ I, parent/guardian, hereby authorize Chesapeake Academy to aid my child, in the application of sunscreen and bug spray.
8. \_\_\_ The Camp Director reserves the right to send home any child who puts himself/herself or others at risk, including emotional and physical injury.
9. \_\_\_ The Chesapeake Academy Summer Camp Program agrees to notify the parent(s)/guardian(s) whenever the child becomes ill. The parent(s)/guardian(s) will arrange to have the child picked up as soon as possible when requested by the camp.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To complete the registration process:**

- Make sure registration forms are complete.
- If not a student at Chesapeake Academy, please attach a copy of your child's Birth Certificate and Medical Physical Form
- Payment must be made in full to register for any camp
- Register at Chesapeake Academy, Monday-Friday 8am-4pm / (9am-3pm during Spring Break, March 30- April 6)
- Or mail registration to:

Chesapeake Academy  
Attn: Summer Camp 2018  
P.O. Box 8  
Irvington, VA 22480

**For more information or any questions, please contact:**

**Ian York**  
**iyork@chesapeakeacademy.org**  
**804.438.5575**