

Islesboro Adventure Camp - 2017 Registration

Thank you for choosing to Islesboro Adventure Camp. Please help us serve you better by carefully completing all of the attached forms.

CAMPER INFORMATION

Camper 1: _____ Gender: _____

Birthdate: _____ Age: _____ Grade in 2017/18: _____

Camper 2: _____ Gender: _____

Birthdate: _____ Age: _____ Grade in 2017/18: _____

FAMILY INFORMATION

Primary Parent / Guardian Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Preferred Method of Contact (Circle): Phone Email Text

Secondary Parent / Guardian Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Preferred Method of Contact (Circle): Phone Email Text

EMERGENCY CONTACT NAME (If above not available): _____

Home Phone: _____ Mobile Phone: _____

Email: _____

MEDICAL CONCERNS / CONDITIONS

Medications/Allergies: _____

Date of Last Physical: _____ Date of Last Tetanus Shot: _____

Doctor's Name: _____

Doctor's Address & Phone: _____

Insurance Company: _____ Policy Number: _____

TELL US ABOUT YOUR CAMPER:

What gets your camper really excited and what are things they like to do? (What makes them happy?)

What doesn't your camper like to do? (What makes them upset or angry?)

What are your campers greatest strengths?

Are there things that your camper could use some work on?

Name a few activities or other things your camper is looking forward to at camp?

Please share anything else that you would like us to know about your camper?

Does your camper have any medical diagnosis, allergies or other needs that we should know about?

We ask all of these questions so that Adventure Camp staff will be able to help every camper participate to their fullest abilities. Thanks for taking the time to tell us about your awesome camper!

NOTE: In the event of emergency, your child may be transported in a private vehicle.

FAMILY PERMISSIONS and CAMP POLICIES

Do we have your permission to share your contact information with other families in the same session?

YES NO

I give permission for my child (children) to participate in all planned activities and camp programs both on and off campus (Islesboro Central Scholol).

YES NO

I give permission for my child to ride the school bus to various sites on Islesboro.

YES NO

I give permission for my child to ride the school bus and Islesboro Ferry on Wednesdays to attend the Swim & Explore Program at the Waldo County YMCA. (Please see additional Swim & Explore Forms)

YES NO

I give Islesboro Adventure Camp permission to use photographs of my child in promotional materials.

YES NO

I have received and read the IAC family handbook and agree to the camper & family code of conduct.

YES NO

I understand and acknowledge that Islesboro Adventure Camp does not refund program fees for illness, homesickness, dismissal or voluntary withdrawal.

YES NO

Islesboro Adventure Camp refunds fees (less a non-refundable \$50.00) up to 21 days before the start of the camper's program. I understand IAC does not refund fees for cancellations less than 21 days before camp.

YES NO

Late Payments: I understand that payment must be made in full by the first day of the week that my camper is enrolled. If payment is more than a week overdue, camper will not be able to enroll in additional weeks.

SIGNATURE OF PARENT / GUARDIAN:

_____ Date: _____

Islesboro Adventure Camp does not discriminate on the grounds of race, color, religion, sex, sexual orientation, including transgender status or gender expression, national origin or citizenship status, age disability, genetic information or veteran status in employment, education, and all other program and activities.

FEES & PAYMENT

Islesboro Adventure Camp is \$215/week per camper. We aim to make summer camp available to all the children of Islesboro, regardless of ability to pay. We offer a sliding scale based on household income.

There is a \$50 deposit required at time of enrollment. There is a \$15/week travel fee for all campers. This fee covers our transportation costs on island and to and from the Waldo YMCA.

If you would like to apply for a reduced rate, please circle the appropriate rate below and attach a copy of your 2016 Form 1040 to demonstrate your income status. Rate reductions will only be considered if proof of household income is provided.

Household Income	Weekly Rate per Camper	Travel Fee	WEEKLY TOTAL
\$40,000 +	\$215.00	\$15.00 / week	\$225.00
\$30,000 - \$40,000	\$162.25 (25% off) (available to all)	\$15.00 / week	\$146.25
\$20,000 - \$30,000	\$107.50 (50% off) (available to all)	\$15.00 / week	\$122.50
\$10,000 - \$20,000	\$53.75 (75% off) (available to all)	\$15.00 / week	\$68.75
\$0 - \$10,000	\$0 (full time residents only)	\$15.00 / week	\$15.00

ENROLLMENT (please check which weeks you would like to enroll in)

- WEEK ONE (June 26 - 30): _____ (your rate) x _____ (# Children Enrolling) = _____
- WEEK TWO (July 3 - 7): _____ (your rate) x _____ (# Children Enrolling) = _____
NOTE: There will be no camp on July 4, but we will have a group march in the parade.
- WEEK THREE (July 10 - 14): _____ (your rate) x _____ (# Children Enrolling) = _____
- WEEK FOUR (July 17 - 21): _____ (your rate) x _____ (# Children Enrolling) = _____
- WEEK FIVE (July 24 - 28): _____ (your rate) x _____ (# Children Enrolling) = _____
- WEEK SIX (July 31 - Aug 4): _____ (your rate) x _____ (# Children Enrolling) = _____
- WEEK SEVEN (Aug 7 - 11): _____ (your rate) x _____ (# Children Enrolling) = _____

YOUR FAMILY’S TOTAL FEES : _____ **Additional Donation:** _____

If you are able, please consider helping another family attend camp with a tax-deductible donation.

A \$50.00 deposit is due with registration materials.

Payment must be received in full by the first day of each week that your camper is enrolled.

Please make checks payable to: Town of Islesboro - Adventure Camp.

SWIM & EXPLORE - REGISTRATION & RELEASE

Swim Lesson and Free Swim, Waldo YMCA facility and grounds, Field trips around the Camden/Lincolnton/Belfast Area and travel on bus and ferry. Wednesdays: July 5, 12, 19, 26, Aug 2, 9, 2017

PARTICIPANT INFORMATION

Participant: _____ Gender: _____

Birthdate: _____ Age as of June 30: _____

Medical Concerns / Conditions

Medications / Allergies: _____

Date of Last Physical: _____ Date of Last Tetanus Shot: _____

Doctor's Name: _____

Doctor's Address & Phone: _____

Insurance Company: _____ Policy Number: _____

EMERGENCY CONTACT INFORMATION

Primary Parent / Guardian Name: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Secondary Parent / Guardian Name: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

NOTE: In the event of emergency, your child may be transported in a private vehicle.

TELL US ABOUT YOUR SWIMMER

Please answer the following questions about your child to help us better group students for the initial swim assessment:

Puts her/his face in the water: YES NO

Submerges her/his head: YES NO

Floats on her/his front with support: YES NO; without support: YES NO

Floats on her/his back with support: YES NO; without support: YES NO

Jumps into chest deep water with help: YES NO

Jumps into chest deep water without help: YES NO

Travels for 5 body length unassisted: YES NO

Swims independently using combined arms and leg action for 5 body lengths: YES NO

Town of Islesboro Recreation Department Participant Release (Assumption of Risk Agreement/Agreement to Indemnify & Hold Harmless):

In consideration of the participation of the minor named above being permitted to participate in the (Activity): **SWIM & EXPLORE:** Swim Lesson and Free Swim, Waldo YMCA facility and grounds, Field trips around the Camden/Lincolnton/Belfast Area and travel on bus and ferry. On the dates: July 5, 12, 19, 26, Aug 2, 9, 2017

Each person signing below understands that participation in the Town of Islesboro ("Town") program, activity and/or special event can involve the risk of damage and injury, including serious injury, to both people and property. Each person signing below understands and agrees that the Town, its agents, officers and employees, accept no responsibility, and will not be liable, for any injury, harm or damage to his/her person or property (including, but not limited to, injury, harm or damage caused by negligence of the Town, its agents, officers or employees) occurring during or arising out of participation in any Town program, activity and/or special event. To the fullest extent permitted by law, each person signing below agrees to assume all risk of injury, harm or damage to his/her person or property arising during or in connection with said Town program, activity and/or special event. Each person signing below hereby releases and agrees to indemnify and hold harmless the Town, its agents, officers and employees, from any and all liability, actions, damages and claims of any kind and nature whatsoever for any injury, harm or damage to his/her person or property (including, but not limited to, injury, harm or damage caused by negligence of the Town, its agents, officers or employees) that may arise or occur during or in connection with said program, activity and/or special event. Each person signing below further understands and agrees to abide by safety rules, regulations and policies at all times.

Signature of Participant (if under 18, must also be signed by Parent or Guardian)

Date

Signature of Parent/Guardian (if Participant is under 18)

Date