



Lower Gwynedd Township Building
 1130 N. Bethlehem Pike, P. O. Box 625
 Spring House Pa 19477-625
 www.lowergwynedd.org
 215-646-5302

Twp Office Use Only:
Date Received: _____
Check #: _____
Check Amt: _____
Rcpt #: _____

Complete this application (**1 Form per Family**) for the Lower Gwynedd Township Summer Camp and return it with the registration fee to the township building.

Family Last Name: _____

Mailing Address: _____ City _____ Zip _____

Mother Name _____ Father Name _____ Home Phone _____

Mom's Work # _____ Mom's Cell _____ Dad's Work _____ Dad's Cell _____

In case of an emergency, contact _____ Phone # _____

Name / Relation

Registration Camp Options:

Entire 6 Week Camp (June 21- July 30)
Register by April 23 and SAVE \$15

- \$415 first resident child
- \$355 for each additional resident child
- \$495 first non-resident child
- \$465 for each additional non-resident child

Weekly Rate Option

- \$ 140 first resident child
- \$ 125 for each additional resident child
- \$ 230 first non-resident child
- \$ 190 for each additional non-resident child

Please check the weeks your child will be Attending Camp

- Week 1 ~ June 21-25
- Week 2 ~ June 28 – July 2
- Week 3 ~ July 5 – July 9
- Week 4 ~ July 12 – July 16
- Week 5 ~ July 19 – July 23
- Week 6 ~ July 26 – July 30

- Post Camp \$330 (3 p.m. – 5 p.m. everyday)
 Full Payments are required at the time of registration.

Registrations received after May 26 will be charged a Late Fee of \$50.

Transportation to camp will be by: Cars _____ Bicycle/ Walking _____

Who will be picking the child(ren) up? _____

Who else is allowed to pick up the child(ren)? _____

For each camper in your family, complete the following:

First Name	M/F	Date of Birth	Age	Grade Completed	Tee-Shirt Size *
				As of Summer	

1. _____
2. _____
3. _____

*Tee-Shirt sizes are: Youth: 6-8, 10-12, 14-16 Adult: S, M, L, XL

Are there any mental or physical limitations or conditions, which require special attention?
(I.e. epilepsy, diabetes, allergies, etc.): _____

Family Doctor's Name _____ Phone # _____

I certify that the information on this form is correct to the best of my knowledge.

Parent's or Guardian's Signature _____ Date _____

Participant's Acknowledgement, Waiver & Release

I hereby acknowledge and understand that engaging in sports and other recreational activities is potentially hazardous and could possibly result in an injury to the participant. As a result, the undersigned hereby releases the Township of Lower Gwynedd, its officers, agents, and employees from liability or responsibility for any accident, injury, or illness arising from my son or daughter's participation in the Lower Gwynedd Summer Camp Program. I agree to indemnify and hold harmless the Township, their departments, employees and agents against liability for personal injury or property damage resulting from my child's participation in camp activities. I agree to provide the Township with proof of medical insurance as a condition to my child's participation. I further agree to furnish a certified birth certificate or proof of birth for my enrolled children upon request by the Township of Lower Gwynedd or the camp administrator.

I acknowledge that programs sponsored or administrated by the Township of Lower Gwynedd may be limited in number of participants or cancelled without prior notification. I understand and agree that once the classes have begun, no refunds can be provided for cancellations. Finally, I agree that Lower Gwynedd Township may use any photos taken at camp activities for future Township publications.

Parent's or Guardian's Signature _____ Date _____

MEDICAL RELEASE

I hereby authorize the staff of the Lower Gwynedd Summer Camp Program to seek and administer emergency medical treatment to my son/daughter _____
(list all children in the program) in the event of accident, injury or illness during his/her participation in the program. I hereby grant permission to any hospital, licensed physician, emergency room personnel, registered nurse, or paramedic emergency service to provide treatment to my son/daughter in the event of accident, injury, or illness. I hereby accept financial responsibility for such treatment.

Parent's Guardian's Signature _____ Date _____



Ambler Area YMCA's Aquatic Program
At Wissahickon Middle School Site
ALL INFORMATION WILL BE KEPT CONFIDENTIAL

One Form Per Child

Lower Gwynedd Township Summer Camp

Please print clearly and completely fill out and sign this form. Admission will not be granted to any participant unless completed and returned.

Health History Form

Child's Last Name: _____ Child's First Name _____

Date of Birth: ____ / ____ / ____ Gender: *M or F*

Street Address: _____

City: _____ State: _____ ZipCode: _____

School's Name: _____ Grade Level (in the Fall) _____

Mother's Name: _____ Mother's Phone #: _____

Father's Name: _____ Father's Phone #: _____

Has your child been under a Physician's care in the last year: Y or N

If yes please explain: _____

Child's Physician: _____ Phone Number: _____

If your child has had any of the following conditions or diseases please give the date:

Epilepsy _____ Fainting Spells _____ Coronary _____ Rheumatic Fever _____

To Be Completed By Parent

I _____ grant permission for _____ to
Parent's Name Child's Name

Participate in the Ambler Area YMCA's aquatics program in the Wissahickon Middle School and certify the above form as true and accurate. _____

Parent's Signature

The YMCA of Philadelphia and Vicinity Lighting and Thunder Policy

The first sight or sound of lighting and or thunder outside, the indoor pool and deck must be cleared for 30 minutes after each sighting or sound . Your child will not be able to swim if Lighting or Thunder occurs at any point of their swim time.

I, _____ understand the Lighting and Thunder Policy, _____
Parent's Name Parent's Signature