

Bee Bop Clubhouse Camp Registration

Camp Name and Date: _____ Camp Name and Date: _____

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Parent Information:

Parent First and Last Name _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone (only if you want to be called there) _____

Email address: _____

Child Information:

Child's First and Last Name _____

Nickname: _____ Date of Birth: _____ Age: _____

Confidential Health History of Child: Attach additional sheet if necessary

List of any allergies: _____

Other medical concerns: _____

Medications being used: _____

Please note that Bee Bop Clubhouse cannot dispense any medications. Do not send any medications with your child to Bee Bop Clubhouse.

Any other information concerning your child's health that we should be aware of:

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Does your child have any condition that would prevent him/her from participating in the program or that the program's normal activities will aggravate? Yes _____ No _____

If yes, Please describe in detail on a separate sheet of paper.

In the event that neither I, nor my designee, cannot be contacted at the time of a medical emergency, I consent to emergency treatment determined necessary by emergency personnel.

Parent/Guardian Signature: _____ Date: _____

Release Information:

Unless we have a copy of a court order prohibiting the release of a child to one of the child’s parents, it is legal for your child to be released to either parent.

Under no circumstances will a child be released to anyone else without your written authorization. Photo identification is required for release to the following individuals.

I give authorization for the following people to pick up my child from Bee Bop Clubhouse:

Name _____ Relationship: _____ Phone: _____

Name _____ Relationship: _____ Phone: _____

Name _____ Relationship: _____ Phone: _____

Authorization and Consent:

As parent, legal guardian or agency representing the child named above, I hereby give consent to enroll my child in the specified program(s) operated by Bee Bop Clubhouse. I recognize that my child must follow safety instructions, remain in areas designated by staff, and refrain from behavior that is harmful to him/her or others. Failure to do so will result in dismissal from program without refund. Bee Bop Clubhouse staff will do its best to ensure a safe experience, however I understand that accidents do occur. I hereby release Bee Bop Clubhouse from any and all responsibility and liability of any nature resulting in my child’s participation in any program accident including claims for any injury, illness, death, loss, or damage. My signature gives Bee Bop Clubhouse permission to use all photos and videos taken during programs for promotional purposes. To opt out of this, I will submit request in writing. I have informed Bee Bop Clubhouse staff of my child’s medical conditions. All information given is accurate and true to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

Payment:

- Full Payment or \$50 deposit (non-refundable) is required to secure spot in camp.
- If child is registered for more than one camp, there is a \$10 discount for each additional camp
- Sibling discount: \$15 off sibling price of **the same camp only**
- **Checks made payable to Bee Bop Clubhouse**
- Checks can be mailed to Katie Nabywaniec 337 State Line Road, Vestal, NY 13850

COST/PAYMENT

Total Cost Before Discounts	
Multiple Camp Discount (\$10/each additional camp) **Only for 4-day camps**	
Sibling Discount (\$15-for same camp ONLY)	
Total Due After Discount	
\$50 Deposit Paid or paid in full	
Balance Due	

