



2025 Summer Play ! Camp Registration Form

Drop off or mail with payment to Rochester Play, 380 E. Second St, Rochester, MI 48307
Email information or questions to info@rochesterplay.com

CAMPER INFORMATION (please complete one Registration Form for each Camper):

CAMPER'S NAME: _____ **Age** _____ **D.O.B** _____ **Sex** _____
Address: _____ **City:** _____ **Zip** _____
Daytime Phone: _____ **School:** _____ **Grade:** _____
Sibling(s) Registered? Y / N **Name(s):** _____ **Sibling Registration Fee Pd?** Y / N
How did you hear about our camp? Friend RP! Website Other Website Email Facebook Advertisement Other _____

CONTACT INFORMATION (Parent or Legal Guardian) and CHILD RELEASE PERSONS:

PARENT/GUARDIAN 1 NAME: _____ **PARENT/GUARDIAN 2 NAME:** _____

Parent 1 Home Phone: _____ **Parent 2 Home Phone:** _____
Parent 1 Work Phone: _____ **Parent 2 Work Phone:** _____
Parent 1 Cell Phone: _____ **Parent 2 Cell Phone:** _____
Parent 1 Email: _____ **Parent 2 Email:** _____

Person other than parent to be contacted if the parent is not available:

Name: _____ **Relationship:** _____
Home Phone: _____ **Cell Phone:** _____

The NAMES of persons, other than parents, to whom **THE CHILD MAY BE RELEASED (ID required at pick-up time):**

Name: _____ **Relationship:** _____ **Phone:** _____
Name: _____ **Relationship:** _____ **Phone:** _____
Name: _____ **Relationship:** _____ **Phone:** _____

Pickup of Children Policy and Late Pick-up Fee: Parents have a free chance to play with their camper after each session or return later on the same day. As noted and approved in our Pickup of Children Policy, camp days end at 2:00pm and to ensure the safety and well-being of children, manage staffing effectively, and maintain a smooth operation, pick-up release must be completed no later than 2:15pm. Otherwise a fee of \$25.00 for every 10 minute increment after 2:15pm will be assessed and due upon arrival that day.

Please INITIAL here to confirm and approve _____

MEDICAL INFORMATION

Known Medical / Dietary / Special Concerns: _____

Allergies: _____ **Medications:** _____ **Can we apply sunscreen?** _____ (must be provided by parent)

WILL MEDICATIONS BE TAKEN AT CAMP? YES or NO **If yes, please note that RP! staff are not permitted to administer any medications to campers.**

WHAT ELSE DO WE NEED TO KNOW? Is there anything that Rochester Play! should know about your child's physical or mental health or special needs? Any instructions? _____

Please INITIAL here to confirm and approve _____

BEHAVIOR/NEEDS/DISCIPLINE POLICY:

Upon the occurrence of a behavior, special needs/challenges, or disciplinary problem as determined by Rochester Play!, the child may be suspended or terminated from the program. In such cases, the parent will be notified to pick up the child immediately. A BEHAVIOR/NEEDS/CHALLENGE/DISCIPLINE PROBLEM IS DEFINED as any child who is hampering the smooth flow of the program by either requiring special or one on one attention; is inflicting physical or emotional harm on other campers; is physically and/or verbally abusing staff or is otherwise unable to conform to the rules and guidelines. If your child is excluded from the program due to any behavior, needs, or discipline infractions, NO REFUNDS WILL BE GIVEN.

Please INITIAL here to confirm and approve _____

PHOTO RELEASE:

PHOTOS MAY BE TAKEN during Rochester Play! programs and unless Rochester Play! receives signed, written objections, PHOTO'S MAY BE REPRODUCED for publication by or with any media outlet chosen by Rochester Play!.

Please INITIAL here to confirm and approve _____

SESSION, PRICE and PAYMENT INFORMATION: (Please provide: Socks, "Beach" Towel, Change of Clothes)

Pre-registration and pre-payment is required. Socks are also required each day at Camp. Session fee includes all activities, snacks, and lunch (any before/after care is an additional cost) and a non-refundable \$50 registration fee (per family/household). There will be a \$25 fee for all returned checks. All order changes must go through and be approved by the Program Director. Please check **Before Care (Y / N)** for each camp attending:

1x/3/5 Day & Before Care (Y or N?)

____ Y / N June 23 – June 27 Session 1 – Luau Fun Week
 ____ Y / N July 7 – July 11 Session 2 – Kings, Queens & Dragons
 ____ Y / N July 14 – July 18 Session 3 – Super Heroes Week
 ____ Y / N July 21 – July 25 Session 4 – Christmas in July

1x/3/5 Day Before Care (Y or N?)

____ Y / N July 28 – August 1 Session 5 – Dinosaur Week
 ____ Y / N August 4 – August 8 Session 6 – Villians Week
 ____ Y / N August 11 – August 15 Session 7 – Animal Planet Week
 ____ Y / N August 18 – August 22 Session 8 – Under the Sea Week

Enter the total quantity of sessions selected above for each of the following options:

____ 1 Day Option @ \$60.00 per day per camp =	\$ _____
____ 3 Day Option @ \$150.00 per camp =	\$ _____
____ 5 Day Option @ \$225.00 per camp =	\$ _____
____ Before Care – 1 Day Option @ \$10.00 per day per camp =	\$ _____
____ Before Care – 3 Day Option @ \$27.00 per camp =	\$ _____
____ Before Care – 5 Day Option @ \$40.00 per camp =	\$ _____

SUB-TOTAL – Session(s) Price:

\$ _____

Sibling 10% Session Discount :

\$(_____)

One Time Registration Fee @ \$50.00:

\$ _____

SUB-TOTAL Price:

\$ _____

Member 10% Discount (10% off Amount):

\$(_____)

Total Amount Due:

\$ _____

Refund Policy: All cancellations must be received in writing to the Program Director. Rochester Play! will refund 100% of the remaining Session and Option fees if received 6 weeks or more prior to the start of a Session, 50% if requested 2 – 5 weeks prior to the start of a Session, and forfeit all Session and Option fees if received less than 2 weeks prior to the first day of a Session. All refunds will be processed within 45 days of receiving written cancellation request.

Please INITIAL here to confirm and approve _____

WAIVER AND RELEASE OF LIABILITY STATEMENT:

I GIVE CONSENT FOR MY CHILD TO TAKE PART IN CAMP, and all associated activities, field trips or excursions. I AM AWARE THAT THERE ARE INHERENT RISKS associated with participation in Rochester Play camps, programs, parties, and/or use of the play area and equipment including but not limited to scrapes, cuts, bumps, bruises contusions, fractures, paralysis, or death, and I, for myself and the participant(s) named above, knowingly and freely assume all such risks, both known and unknown, including those that may arise out of the negligence of other participants. IN REGISTERING MY CHILD FOR THIS ACTIVITY, I, for myself and the participant(s) named above, and our respective heirs, assigns, administrators, personal representatives, and next of kin, HEREBY indemnify, protect, release and hold and save harmless, Advance Management Solutions Group, LLC, Rochester Play, and, their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against any and all claims, injuries, liabilities, loss, or damages arising out of, resulting from or caused even in part by Advance Management Solutions Group, LLC, Rochester Play's negligence, as well as any other Claims arising out of, resulting from, or caused by the Use of Premises or Participation in Off-Premises Activities suffered by myself or participant or related to our or my child's participation in any and all Rochester Play camps, programs, activities, parties, the use of the play area and/or equipment. I, for myself and the participants named above, am of physical ability to participate and legally competent to understand and complete this agreement. I hereby execute this agreement without coercion.

Please INITIAL here to confirm and approve _____

I hereby certify I have read this entire Agreement and Waiver and agree to accept the terms and conditions. I agree the Participating Camper will abide by all rules and regulations of Rochester Play, which are subject to change, and which in the opinion of Rochester Play management, are deemed necessary and reasonable for the best interest of guests, participants, staff, Programs, and Rochester Play, **AND I AM ENROLLING MY CHILD IN ROCHESTER PLAY! CAMPS.** **Please SIGN** below:

Signature of Parent or Guardian

Date

OFFICE USE ONLY:

☐ Registration Complete _____ ☐ Registration binder updated _____ ☐ Welcome Confirmation Email sent _____
☐ Payment Amount: \$ _____ Date: ____ / ____ / ____ Type (circle)/#: Cash/Check/Credit Card (last 4): # _____
☐ Contact/Notes: _____