



2024 Grand Adventure Leadership Camps: Registration Form

Mail or Drop off Registration: Grand Vue Park, 250 Trail Drive , Moundsville, WV 26041

Any questions or concerns please call: (304)-845-9810 ext. 403 or Log on to www.grandvuepark.com

Participants Name: _____ Age: ____ D.O.B.: ____/____/____ Grade: _____

Parent/Guardian: _____

Address: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ E-mail Address: _____

Note: This Summer Day Camp is for ages 5 - 12 years old

(Children must have completed Pre-K and/or Kindergarten and must be potty trained)

MONDAY THRU FRIDAY, JUNE 17 THRU Aug 2 FROM 9:00am - 3:30pm

**Before and after Care is available from 7:30am to 9:00am and 3:30pm to 5:00pm for an additional fee
(No Camp 4th of July)**

CAMP SPACE IS LIMITED AND MAY FILL UP QUICKLY.

NO SPOTS WILL BE HELD WITHOUT PAYMENT. CAMP SPACE IS NOT GUARANTEED FOR PARTICIPANTS WHO PAY WEEKLY. ONLY PRE-PAID WEEKS WILL BE GUARANTEED.

**NO refunds will be given after initial registration.*

**NO refunds will be given if your child is suspended or asked to leave camp for any reason.*

All campers will receive 1 day camp T-shirt. Please make sure that your child brings a lunch and water bottle and wears sunscreen to camp each day.

2024 Summer Camp T-shirt:

(Circle Size) YS(6-8) YM(10-12) YL(14-16) AS AM AL

REGISTER BY APRIL 30TH - 7 WEEKS: \$504! (After April 30th) 7 Weeks: \$604 (Additional Child \$524)

4 Weeks: \$359 (Additional Child \$310.50) 1 Week: \$98

(Super Sale Registration Ends April 30, or when camp has reached its max reg.)

Before and After Care: Daily: \$5.00 per hour (*\$3.00 Additional Child) Unlimited: \$210 (per Child)

**Prices in (parenthesis) are the fees when registering additional children*

(Full registration payment must be received when registering, before and after care may be paid for at the beginning of camp)

Please indicate which weeks of camp you are registering for with your child's initials:

Week (1) June 19 - 23..... _____ Week (4) July 10 - 14 _____

Week (2) June 26 - 30..... _____ Week (5) July 17 - 21 _____

Week (3) July 3 - July 7..... _____ Week (6) July 24 - 28..... _____

(No camp 4th of July) Week (7) July 31 - Aug 4..... _____

Total of Weeks _____ Total Amount _____

REGISTRATION WAIVER

The undersigned takes full responsibility and gives permission for the participant's involvement in the Grand Vue Park Summer Day Camp Program. In case of an accident, the undersigned agrees not to hold Grand Vue Park responsible, financial or otherwise, for any injury that may occur.

Signature of Parent/Legal Guardian: _____ **Date:** _____

OFFICIAL USE ONLY: Fee: _____ **Amount Owed \$** _____

Amt Paid: \$ _____ Check#: _____ Cash \$ _____ Visa/ MC Received by: _____ Date: ____/____/____

Grand Adventure Leadership Camps: Emergency Medical Form

Please print clearly with a black or blue ink pen. If you have multiple children participating in the camp an Emergency Medical Form will need filled out for each. Please confirm phone numbers as these will be called in emergency situation and for updates and information on the camp. This form must be complete by the first day of camp.

Participant's Name: _____ Age: _____

Parent/Guardian Name: _____ Cell Phone: _____ Home Phone: _____

Parent/Guardian Name: _____ Cell Phone: _____ Home Phone: _____

Parent/Guardian Email (This will be the primary form of communication): _____

****Emergency Contact: This is the person we will contact if we cannot reach parents/guardians****

Name: _____ Phone Number: _____

People allowed to pick up my child (not including parents/Guardians/emergency contact)

Name: _____ Phone _____ /Name _____ Phone _____

Transportation and Child Safety Information

____ **My Child will not need transportation**

____ **My Child would like transportation. Our pick-up address is:** _____

The locations of the centralized bus stops will be announced by May 1st.

Tutoring services will be offered, would you like to enroll your child? *Yes ☐ No ☐ (*If yes, you will be contacted by a camp representative for more information)

SWIMMING INFORMATION –

Can your child independently swim 15 yards? Yes ☐ No ☐

If “YES”, your child will be required to do a swim test on the first day they attend camps.

If “NO”, you will be required to provide your child with a certified floating device

Is there any other information that would help your child have a successful camp experience?

Please check YES or NO

Information and Characteristics

	YES	NO	Explanation & Comment
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dietary restriction	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical limitations/restriction	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chronic conditions/illnesses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any unusual fears	<input type="checkbox"/>	<input type="checkbox"/>	_____
Easily upset	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physically aggressive (includes difficulty controlling temper)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Withdrawn, shy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hyperactive	<input type="checkbox"/>	<input type="checkbox"/>	_____

MEDICAL EMERGENCY WAIVER: In participating in Grand Adventure Camps, sponsored by Grand Vue Park, I hereby acknowledge that I understand there are risks of accidents, resulting in bodily harm to my child, arising out of those activities. I hereby acknowledge that my child has the physical capacity reasonably necessary to engage in each activity for which I have enrolled him/her. However, I do hereby waive all claims, which I might have against the Grand Vue Park, or any of its officers, agents or employees by reason of bodily injuries that my child might suffer arising out of his/her participation. In case of emergency, accident or illness, I give my permission to have my child treated by a professional medical person, transported by medical staff and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses incurred in my child's behalf. **Photography Release:** I give permission to Grand Vue Park to take pictures of my child for the use of social media, brochures and other marketing outlets to advertise the park.

Signature of Parent/ Legal Guardian

Today's Date