



## Eastern Shore Bay Camp After School Registration Form

8180 Dyer Road  
Fairhope, Al 36532  
251-752-4897

[www.easternshorebaycamp.com](http://www.easternshorebaycamp.com)

Now Registering Ages 5-12 years old

**Director:** Lisa Ledet

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Child's School \_\_\_\_\_ Grade \_\_\_\_\_

### Check List:

- Completed Registration Packet
- Copy of Blue Card
- \$150.00 One Time Registration Fee
- \$50.00 per week payment (payments are written for the month dated on the first day of each month).
- We can accept check or money orders only
  - Checks must be made payable to Bay Camp; your child/children's names, Driver's License number, and two Phone numbers must be on check

Please return registration forms to P.O. Box 6, Fairhope, Al. 36533 (call if you are mailing) or you can call and deliver them to the site location, 8180 Dyer Road, Fairhope, Al. 36532 Celebration Church





**CHILD'S INFORMATION CONTINUED**

I give my child permission to participate in photograph/ film footage/ tape recordings which may include image or voice (for promotion of the programs)

Yes / No

\_\_\_\_\_  
Parent/Guardian Signature / Date

My Child is in custody of/ lives with: \_\_\_\_ both parents \_\_\_\_mother \_\_\_\_father  
\_\_\_\_guardian \_\_\_\_other

**Persons FORBIDDEN to pick up child** (we must have the court order on file to forbid any biological parent from picking up his/her child)

\_\_\_\_\_  
\_\_\_\_\_

I understand that my child will not be released to any unauthorized person(s). Any person authorized to pick up my child must be listed above. I also understand that I have access to my pick up list and can make changes to it only in person. Furthermore, I understand that if an authorized person arrives to pick up my child and displays irrational behavior or appears to be under the influence of drugs or alcohol, it will be at the discretion of the staff to contact the proper authorities. At which time the staff may deny the release of my child from the camp.

\_\_\_\_\_  
Parent/Guardian Signature / Date

**HEALTH INFORMATION**

**Insurance Information**

Does child have medical insurance coverage? \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy Holder \_\_\_\_\_  
Contract # \_\_\_\_\_

**Immunizations**

A COPY OF MY CHILD’S BLUE CARD IS ATTACHED \_\_\_\_\_yes \_\_\_\_\_no

**Physician Name:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Dentist/Orthodontist** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

My child takes the following medications (include dosage and times of day):

\_\_\_\_\_

**(Check any of the following that apply)**

\_\_\_Asthma \_\_\_Fainting Spells \_\_\_Convulsions \_\_\_Sports Restrictions  
\_\_\_Diabetes \_\_\_Heart Condition \_\_\_Bleeding Disorders \_\_\_ADD/ADHD  
\_\_\_Behavioral Issues \_\_\_Psychological Condition \_\_\_Other communicable Disease

Explain here if any of the above applies:

\_\_\_\_\_

Does your child have allergies to medicine, food, insects, or anything else?

\_\_\_\_\_

Does your child wear any appliances? (hearing aid, glasses, etc.) yes \_\_\_\_\_ no \_\_\_\_\_

Explain \_\_\_\_\_

Has your child had any major surgeries or illnesses that affect their daily functioning? ( If so explain) \_\_\_\_\_

Is there anything else we should know?

\_\_\_\_\_

I understand that Eastern Shore Bay Camp is not equipped or staffed for children who are unable to feed themselves, function in a social environment with other children, verbally communicate their needs, use the restroom alone, or are not fully functional in any other aspect of daily life. I also understand that this is a physically demanding program which involves walking, running, and swimming and that Eastern Shore Bay Camp does not have the capabilities to transport or facilitate children who must have physical assistance of any kind.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Trip Release & Consent for Emergency Medical Treatment & Medication**

**Parent/Custodian Authorization:** This health history is correct so far as I know, and the camper herein described has permission to engage in all camp activities and field trips, except as noted by the physician and parent/guardian. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of personnel dictates, with the understanding that the family will be notified as soon as possible, and I hereby authorize the hospital emergency staff to take all necessary actions to treat my child.

I further give my permission for the Eastern Shore Bay Camp staff to provide appropriate transportation to and from field trips including those locations that may be out of the State of Alabama.

**Parent/Guardian/Custodian Signature** \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_ Relationship to Child \_\_\_\_\_

In an emergency situation, where for some reason the parent/guardian/custodian of the child cannot be contacted immediately, this form may be of extreme importance. The medical authorization granted by this form will be used only where absolutely necessary. **This authorization will be kept on file by the camp.**

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**WAIVER /RELEASE OF LIABILITY**

I (We), \_\_\_\_\_, parent/legal guardian/custodian of camper \_\_\_\_\_, agree and understand that some camp activities, i.e., swimming and other sports, may be hazardous. I recognize that there are risks inherent in camp activities, including but not limited to paralyzing injuries and death.

As parent/legal guardian/custodian of the camper named herein, I agree to his/her participation in camp activities and hereby agree to indemnify and hold harmless the Eastern Shore Bay Camp Staff against any liability resulting from an injury that may occur to the camper while participating in camp activities. As parent/legal guardian/custodian, I further agree to indemnify Eastern Shore Bay Camp for any damages incurred arising from any claims, demands, actions or causes of action by the camper.

As parent/legal guardian/custodian, I hereby agree to pay all costs associated with medical care and transportation for said camper.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

\_\_\_\_\_  
Parent/Custodian/Guardian  
Print Name \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Custodian/Guardian  
Print Name \_\_\_\_\_

\_\_\_\_\_  
Date

Eastern Shore Bay Camp  
P.O. Box 6  
Fairhope, Al. 36533  
AFFIDAVIT of Notification of LICENSE

STATE OF ALABAMA  
County of Baldwin

Before me, a notary public in and for said state and county, appeared  
\_\_\_\_\_ and is known to me, after being duly sworn or  
affirmed says as follows:

Affiant, \_\_\_\_\_, the parent/legal guardian of the minor  
child \_\_\_\_\_, is in receipt of notice that Eastern Shore Bay  
Camp has filed a license with the State of Alabama Department of Human Resources.

\_\_\_\_\_ Affiant

Sworn or affirmed to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_ Notary Public

My Commission expires \_\_\_\_\_

**\*\*Return with Registration Form\*\***

**\*\*\*If you have access to a notary please have notarized otherwise we have one on staff\*\*\***



Child's Name \_\_\_\_\_

Office Copy  
(DO NOT TEAR OFF)

Eastern Shore Bay Camp  
After School 2018-2019  
Reserve Sheet

From the time of the original application for After School with Eastern Shore Bay Camp you are considered registered and are financially responsible for the entire school year (Aug. 15 – May 23). The only ways you may be released from Eastern Shore Bay Camp's After School program is: Serious, long-term illness with a doctor's excuse that would physically prevent the child from attending/participating in the program; proof of loss of job (see handbook).

- \*Aug. 15<sup>th</sup> – Aug. 31<sup>st</sup> (3 weeks)
- \*Sept. 4<sup>th</sup> – Sept. 28<sup>th</sup> (4 weeks)
- \*Oct. 1<sup>st</sup> – Nov. 2<sup>nd</sup> (5 weeks)
- \*Nov. 5<sup>th</sup> – Nov. 30<sup>th</sup> (3 weeks)
- \*Dec. 3<sup>rd</sup> – Dec. 18<sup>th</sup> (3 weeks)
- \*Jan. 3<sup>rd</sup> – Feb. 1<sup>st</sup> (5 weeks)
- \*Feb. 4<sup>th</sup> – March 1<sup>st</sup> (4 weeks)
- \*March 7<sup>th</sup> – March 29<sup>th</sup> (4 weeks)
- \*April 1<sup>st</sup> – May 3<sup>rd</sup> (4 weeks)
- \*May 6<sup>th</sup> – May 23<sup>rd</sup> (3 weeks)

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

Eastern Shore Bay Camp  
After School 2018-2019  
Reserve Sheet

From the time of the original application for After School with Eastern Shore Bay Camp you are considered registered and are financially responsible for the entire school year (Aug. 20 – May 23). The only ways you may be released from Eastern Shore Bay Camp's After School program is: Serious, long-term illness with a doctor's excuse that would physically prevent the child from attending/participating in the program; proof of loss of job (see handbook).

- \*Aug. 15<sup>th</sup> – Aug. 31<sup>st</sup> (3 weeks)
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Parent/ Guardian Signature

Date