

**Eastern Shore Bay Camp
Summer Registration Form**

251-752-4897 www.baycamp.org

Now Registering Ages 5-12 years old

Director: Lisa Ledet

Child's Name _____ Age _____
T-Shirt __YS __YM __YL __S __M __L
__XL EMAIL _____

Check List:

- Completed Registration Packet
- Copy of Blue Card
- \$200.00 One Time Activity Fee
- \$250.00 for first week's payment (2nd child discount \$235.00)
- We accept check or money order only
- Checks must be made payable to Bay Camp
- Child/children's names, Driver's License number, and two phone numbers must be listed on check

Parent Orientation will be on Thursday, May 16th, 2024 at 6:30 pm

- Location: Celebration Church
- Orientation is mandatory

PLEASE mail registration forms (do not fold them) in legal size envelope to:

Eastern Shore Bay Camp P.O

Box 6, Fairhope, AL. 36533 You may also drop them off directly to:

Celebration Church 8180 Dyer Road

Please put in. our drop box next to the front door of the youth center

*** Additional T-Shirts may be purchased for your camper or for yourself***

Adult sizes - \$20 Youth sizes - \$10

If you would like a T-Shirt please fill out the shirt size needed below:

Additional shirt size needed _____

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

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 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

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:

Sign Name _____ **Date** _____

Parent/Custodian/Guardian:

Print Name _____ **Date** _____

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

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 _____, 2024.

_____ Notary Public

My Commission expires _____

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

*****THIS FORM MUST BE NOTARIZED*****

Child's Name: _____

Eastern Shore Bay Camp Reserve Week Sheet

PLEASE check the weeks that your child will be attending. If you do not check any weeks you are not considered enrolled in this program. No changes will be allowed to be made after May 1st

- 1.) MAY 28TH – MAY 31ST _____
- 2.) JUNE 3RD - JUNE 7TH _____
- 3.) JUNE 10TH - JUNE 14TH _____
- 4.) JUNE 17TH - JUNE 21ST _____
- 5.) JUNE 24TH - JUNE 28TH _____
- 6.) JULY 1ST - JULY 5TH _____ *
- 7.) JULY 8TH - JULY 12TH _____
- 8.) JULY 15TH - JULY 19TH _____
- 9.) JULY 22ND - JULY 26TH _____
- 10.) JULY 29TH - AUG 2ND _____

***CLOSED TUESDAY JULY 4TH**

*****There is a \$7 movie fee per week, per child. Please multiply the number of weeks that your child is attending by \$7 and make one check for that amount, dated for the beginning of summer camp*****

*****Please take a picture of this sheet before returning to us so that you can fill your checks out*****

I understand that I am financially responsible for all weeks checked whether my child attends or not. By **May 1st** all reservations should be finalized. Registration fees and first week payments are non-refundable or transferable. There is a \$15.00 fee to change a week's reservation. You may switch a week if there is space available during that week.

_____/_____
Parent/Guardian Signature Date

Eastern Shore Bay Camp Contact Form

Mailing Address: P.O. Box 6
Fairhope, AL 36533

Office Site Address: Celebration Church
8180 Dyer Road
Fairhope, AL 26532

Camp Director: Lisa Ledet 251-752-4897
Jonathan Ledet

Email: lisa@baycamp.org

Website: www.baycamp.org

Parent Orientation: **Thursday, May 16th, 2024 at 6:30 p.m.**
Location: Celebration Church