



Summer Camp Application

Child Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Grade: _____

T-Shirt Size: Youth: XS S M L XL Adult: XS S M L XL

Parent Name: _____

Parent Email: _____

Cell Phone: _____

Do you consent to your child's photograph being taken? Yes No

Do you need BEFORE or AFTER CARE ? Yes No

If yes, please note that BEFORE CARE is from **7am -7:45 (Price: \$10)**

AFTER CARE is from **3:15 PM - 5:00 PM (Price: \$15)**

***PLEASE HAVE EXACT CASH, AFTER CARE/BEFORE CARE ACCESS WILL BE DENIED IF POLICY ISN'T HONORED**

Students can only miss 3 days of summer program during June 2nd - July 3rd, 2025

ONLY parents or persons listed below will pick up child at 3:00 pm. (Contact ahead of time if changed)

Name

Phone

1. _____

2. _____

3. _____

Parent /Guardian/Adult Signature

Date



Field Trip/ Water Day Form

Hopes Harvest Camp must have a current and completed release/registration form on file. The program(s) schedule below is for information purposes and registration cannot guarantee enrollment. Final scheduling and enrollment decisions will be made on-site by the swim instructor and program management.

Does your child have permission to go on weekly camp field trips? Yes No

If not, the child must stay home. All staff will be on field trips.

1st Emergency Contact Name: _____

Relationship to Child: _____

Phone: _____

2nd Emergency Contact Name: _____

Relationship to Child: _____

Phone: _____

Release of Liability

Please read this form carefully and be aware that for participation in the program(s), you will be waiving and releasing all claims for injuries you or your child (children) might sustain arising out of the program(s). I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s) and I agree to assume the full risk of any such injuries, damages, or loss regardless of severity which I or my child (children) may sustain as a result of participating in any of the program(s). I hereby fully release and discharge the Hopes Harvest Camp, and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my child (children), and arising out, connected with, or in any way associated with activities of any of the programs.

Child Name: _____

Parent /Guardian/Adult Signature

Date



Medical Information

Child's name:

Insurance company:

Policy Number:

Allergies:

Medication:

Physical Name:

Medical Conditions:

Physician's phone:

Preferred Hospital:

Notes:



HHCSC RULES & EXPECTATIONS

Parents:

- T-shirts are mandatory for field trips (you will be notified)
- Phones will not be allowed for children
- Contact us by phone or email for any concerns
- You must contact us ahead of time by text or email if someone else will be picking up your child or if child will be picked up early.
- Children cannot be dropped off past 9 am

Children:

- **Respect Everyone** → What does it mean? No hitting, no fighting, no cursing, no ugly words or actions, no bullying, and following staff instructions.
- Follow directions the **first** time given.
- Stay in your assigned area → **NO WANDERING!!**
- Ask a helper to escort you to the restroom.
- **After 3 strikes with forms and disciplinary actions, the child is to be released from camp attendance. No refund.**
- **HAVE FUN!!!!**

By signing below, I agree that I have read and understand all rules and expectations of my child.

Parent /Guardian/Adult Signature

Date