



DSRC Camp Green Zone 2017 Health & Registration Form

Please fill out and send your deposit by **April 1, 2017** to DSRC Camp Director, Rosemary DeRose, 15205 Falconbridge Terrace, North Potomac, MD 20878. Questions? Please email camp@dsrclub.com or call 240-888-8695.

Early Bird Special - 10% off tuition if deposit is sent in before March 1, 2017.

DSRC Camp Green Zone is surrounded by lush forest, backing up to the Potomac Watershed, and perfect for hiking, nature exploration and outdoor water play. In addition, our campers get to cool off in our pools in between activities. We offer ten nature themed weekly sessions from June 19 through July 28 and August 14 - September 1, 2017. The camp day is from 9am - 3:30pm, with a half day option from 9:00am - 12:30pm for Junior Camp (ages 4-6 only.) There is no camp July 4th.

<u>Session</u>	<u>Dates</u>	<u>Session</u>	<u>Dates</u>
1	6/19 - 23	6	7/24 - 28
2	6/26 - 30	7	8/14 - 18
3	7/3 - 7 (pro-rated)	8	8/21 - 25
4	7/10 - 14	9	8/28 - 9/1
5	7/17 - 21		

Tuition per Session:

- Full Day - \$285.00 (10% discount per siblings).
- Full Day - \$225.00 for swim and tennis team participants only.
- \$100 Deposit/Session – Due April 1, 2017. Deposit fees are non-refundable after April 1.
- Early Bird Special 10% off tuition if deposit sent in before March 1, 2017.

(Please Print)

Participant Session Number/s: _____ Amount & Check #: _____

Camper's Name: _____ DOB: _____

Is your child registered for swim team or pre-team? ___yes ___no Is your child taking private swim lessons ___ yes ___no

Is your child registered for private tennis lessons? ___ Yes ___no

Grade Entering School Fall 2017: _____

Date of Last Tetanus Shot: _____

Parent/Guardian Name(s): _____

Address: _____

Parents Phone Number(s) to reach during camp: _____

Parents Email Addresses: _____

Emergency Information

In case of emergency and a parent is not available, list two emergency contacts: NOTE: Please remember to notify the persons you have listed as a contact. They should also be notified about sign in/out procedures.

Contact: _____ Phone(s): _____

Contact: _____ Phone(s): _____

Doctor's Name: _____

Doctor's Phone: _____

Release Authorization

At the conclusion of the program day, I authorize the following people to pick up my child from the program: (List your name and any other individuals you authorize who are at least 16 years old.).

1. _____ 2. _____
3. _____ 4. _____

I understand that my child will only be released to these individuals, and they will be expected to sign my child out each day and may be requested to show identification.

An Authorization for Medication form needs to be attached if your child receives medication during program hours.

- List medication and dosages:

- Are there any special circumstances at home we should be aware of? Any concerns you or your child has? Is there anything that would help our staff provide a great camp experience?

- List your child's allergies:

Registration Release Statement

By registering for the Darnestown Swim and Racquetball Summer Camp, I am consenting to the following

Statement of risk and acknowledgement of liability: I know and understand that there may be risks and dangers involved in the program, and that DSRC does not carry accidental injury insurance on participants. I waive and release DSRC and its employees from all liability for any personal injuries, illness, loss or property damage. DSRC reserves the right to use photos taken during camp for noncommercial, informational purposes such as future camp brochures unless DSRC is notified otherwise in writing.

Parent/s Signature: _____ Date: _____