



## DSRC Camp Green Zone

### 2018 Health & Registration Form

Please fill out and send full payment to DSRC Camp Director, Rosemary DeRose,  
15205 Falconbridge Terrace, North Potomac, MD 20878.

Questions? Please email [camp@dsrclub.com](mailto:camp@dsrclub.com) or call 240-888-8695.

**Early Bird Special - \$25 off tuition with payment in full by 3pm April 1, 2018.**

**Camp Green Zone** is a multi-sports programs (swim, tennis, basketball, kickball, Frisbee golf, flag football and soccer) with arts-n-crafts, nature and games for **ages 4-13**.

Camp runs in one week sessions from **June 18-August 31, 2018** (no camp July 16-20,) and is available:

- **Full Day:** 9am - 3:30pm
- **Half Day:** 9am - 12pm or 12 - 3:30pm
- **Before and After Care:** 8-9am and 3:30-5:30pm. Must be paid in advance of camp.

<b>Session</b>	<b>Dates</b>	<b>Session</b>	<b>Dates</b>
1	6/18 – 22 <i>FULL</i>	5	7/23 – 27
2	6/25 – 29	6	7/30 – 8/3
3	7/2 – 6 (pro-rated/closed on 4th)	7*	8/6 – 10
4	7/9 – 13	8*	8/13 – 17
	7/16 – 20 Camp closed	9	8/20 – 24

\*Calleva pool kayaking available these weeks.

<b>Weekly Program</b>	<b>Full Day</b>	<b>Half Day</b>	<b>Before/After Care</b>
5 Days of Camp	\$310	\$155	\$10/camper per hour
Drop-in Per Day	\$80	\$60	\$10/camper per hour
Camp/Swim/Tennis			
Team Package	\$230	\$115	
CIT Program	\$155		

**ALL CHECKS PAYABLE TO DSRC**

Special offering of **Camp Green Zone**:

- **CIT Program** for rising 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> graders, earn minimum of **15 SSL hours** per week.
- **Discount Team Packages** on camp for swim/tennis/camp package offer
- **Sibling Discounts** of 10%
- **Early Bird Registration Discount** of \$25/per camper with PIF by April 1<sup>st</sup> at 3pm for full and half day camps – does not apply to Team Packages
- **Before/After Care:** 8:00-9:00 am and/or 3:30-5:30pm. Cost is \$10 per hour per child. Must pay in advance of camp.
- **Session 7-9:** Calleva Pool Kayaking Optional Program offered at \$40/camper for 2 hour session. Payment must be paid in full with full camp registration. Please write a separate check for the Calleva Pool Kayaking Program payable to **DSRC**.
- **Family Friends and Relatives** of DSRC members WELCOMED to attend camp same session as host member for additional \$50 non-member registration fee.

Campers will need to provide their own snack/lunch (Lunch time is 11:45am-12:15pm,) and will be split up by age groups for some daily activities:

- Tiny Tots: Ages 4-6
- Junior Camp: Ages 7-10
- Senior Camp/CIT's: Ages 11- 13

(Please Print)

Member Name: \_\_\_\_\_ Club Member #: \_\_\_\_\_

Participant Session Number/s: \_\_\_\_\_ Amount & Check #: \_\_\_\_\_

Camper's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Is your child registered for swim team or pre-team (circle one)? \_\_\_yes \_\_\_no

Is your child taking private swim lessons? \_\_\_ yes \_\_\_no

Is your child registered for Junior Tennis Team? \_\_\_ yes \_\_\_no

Is your child registered for private tennis lessons? \_\_\_ yes \_\_\_no

Grade Entering School Fall 2018: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_REQUIRED

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:

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- 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?

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- List your child's allergies:

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## 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: \_\_\_\_\_