



2010 CAMPER REGISTRATION



ACCOUNT INFORMATION

FIRST NAME _____ LAST NAME _____

E-MAIL _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOW DID YOU HEAR ABOUT GOOD TIMES?

- PAST CUSTOMER
 REFERRAL
 YELLOW PAGES
 INTERNET
 CAMP FAIR
 MAGAZINE AD
 OTHER

GOOD TIMES FAMILY SINCE: _____

EMERGENCY CONTACT INFORMATION

Please list, in order of importance, all persons (including parents) to be contacted in case of an emergency
All emergency contacts will be authorized for camper pickup.

1) NAME _____ RELATIONSHIP (MOTHER OR FATHER PREFERABLY) _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

2) NAME _____ RELATIONSHIP (MOTHER OR FATHER PREFERABLY) _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

3) NAME _____ RELATIONSHIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

4) NAME _____ RELATIONSHIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

5) NAME _____ RELATIONSHIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

Duplicate this page for each camper enrolling

CAMPER BASIC INFORMATION

CAMPER FIRST NAME LAST NAME GENDER

BIRTHDAY GRADE (Spring 2010) SCHOOL NAME

WHO DOES THE CAMPER LIVE WITH? MOTHER & FATHER MOTHER ONLY FATHER ONLY OTHER _____

T-SHIRT SIZE CHILD 6-8 CHILD 10-12 CHILD 14-16 ADULT SMALL ADULT MEDIUM ADULT LARGE ADULT X-LARGE ADULT 2X-LARGE

WHO DOES THECAMPER LIVE WITH? MOTHER & FATHER MOTHER ONLY FATHER ONLY OTHER _____

COUNSELOR REQUESTS

FRIEND REQUESTS

SPECIAL NOTES ((Is there anything we need to know about your camper’s personality or needs?))

CAMP TEAM

 Which Team does your camper want to be a part of? (Choose One)

LITTLE BADGERS - Preschool and Kindergarten Children ages 3 and older. Campers Attending 10 am to 2 pm

Campers Attending 8:45 am to 3:45 pm Plus Extended Hours 7:30 am to 5:30 pm included

FOREVER YOUNG
Preschool Children ages 3 and older

SEASONED EXPLORERS
Completion of 2nd Grade

VARSITY CAMPERS
Completion of 5th or 6th Grade

FOREVER FUN
Completion of Kindergarten

RISING STARS
Completion of 3rd Grade

SENIOR VARSITY
Completion of 7th Grade and above

JUNIOR EXPLORERS
Completion of 1st Grade

SHOOTING STARS
Completion of 4th Grade

JUNIOR COUNSELORS
Completion of 7th Grade

CAMPER SCHEDULE

Fill out the appropriate box

FIRST CAMPER (Camper attending the most days)

Main Camp

- Any 11 Camp Days - \$924
- Any 22 Camp Days - \$1,716
- Any 33 Camp Days - \$2,409
- Any 44 Camp Days - \$2,948
- Any 59 Camp Days - \$3,780

ADDITIONAL CAMPER (2nd, 3rd camper, etc...)

Main Camp

- Any 11 Camp Days - \$869
- Any 22 Camp Days - \$1,606
- Any 33 Camp Days - \$2,244
- Any 44 Camp Days - \$2,728
- Any 59 Camp Days - \$3,540

LITTLE BADGER (Preschool & Kindergarten)

Little Badgers

Session	First 5 Weeks	Second 5 Weeks
T, Th - \$445	<input type="checkbox"/>	<input type="checkbox"/>
M,W,F - \$625	<input type="checkbox"/>	<input type="checkbox"/>
M,T,W,Th,F - \$970	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH INFORMATION

SHOULD WE BE AWARE OF ANY MEDICAL CONDITIONS, ILLNESSES, OR PHYSICAL LIMITATIONS?

If Yes please fill out medical check list (Page 3)

YES NO

DO YOU GIVE PERMISSION TO GOOD TIMES CAMP TO APPLY SUNSCREEN TO YOUR CAMPER?

YES NO

Duplicate this page for each camper enrolling. Please write any additional notes on the back of this page.

CAMPER DOCTOR INFORMATION

CAMPER FIRST NAME LAST NAME

CAMPER'S PHYSICIAN

PHYSICIAN'S ADDRESS CITY STATE ZIP CODE

PREFERRED HOSPITAL

CAMPER IMUNIZATION INFORMATION The Department of Children and Family Services require actual dates of information. Parents who chosen not to have their child immunized must submit a letter to that affect.

Date	MMR	HIB	HEP	Polio	Varicella	DPT	TP Test
1st							
2nd							
3rd							
4th							
5th							

CAMPER MEDICAL CHECKLIST Please fill out if your camper has a medical condition.

Does your camper have any of the following conditions?

- N/A
 ASTHMA
 ALLERGIES
 CHRONIC ILLNESS
 DIABETES
 EPILEPSY
 PHYSICAL LIMITATION
 SEIZURES
 OTHER _____

WHAT CAUSES OF THIS CONDITION ARE YOU CURRENTLY AWARE OF?

WHAT ARE THE SYMPTOMS WE SHOULD LOOK FOR?

CAMP PROTOCOL

How severe is this condition? (Please check one)

<input type="checkbox"/>	Non Life Threatening	<ul style="list-style-type: none"> Administer Medication, Call Parents, Observe Closely
<input type="checkbox"/>	Non Life Threatening With The Possibility Of Becoming Life Threatening	<ul style="list-style-type: none"> Administer Medication, Call Parents, Observe Closely Call 911 Immediately If Symptoms Continue Or Worsen
<input type="checkbox"/>	Immediately Life Threatening	<ul style="list-style-type: none"> Administer Medication And Call 911 Immediately Be Prepared To Administer Life Saving First Aid Monitor Closely Until Advanced Life Support Arrives Call Parents

WHEN WAS YOUR CAMPER'S LAST EPISODE?

WHAT WAS YOUR CAMPER'S TREATMENT?

DID YOU CALL 911?
 N/A YES NO

DID YOUR CAMPER SEE A PHYSICIAN?
 N/A YES NO

IS YOUR CAMPER AWARE OF HIS OR HER CONDITION? N/A YES NO

WILL YOUR CAMPER RECOGNIZE THE ONSET OF AN EPISODE? N/A ALWAYS SOMETIMES NEVER

MEDICINES & SUPPLIES PARENTS WILL BE SUPPLYING: (Please list types, and doses)

2010 CAMPER REGISTRATION CONTRACT & CONSENT



Enrollment/Application

Good Times Day Camp, LLC wants to establish a partnership with our Parents in order to safely and effectively work with our Campers. This application and deposit constitutes an enrollment agreement only when accepted by Good Times Day Camp, LLC in writing and shall be construed and enforced in accordance with the laws of the State of Wisconsin. Good Times Day Camp, LLC considers enrollment and/or payment as acknowledgment and acceptance of all the terms of this agreement by Parents and Camper. Good Times Day Camp, LLC reserves the right to accept or reject applicants. If Parents have more than one child enrolled in Good Times Day Camp, the term "Camper" as used herein shall encompass and refer to all children of Parents enrolled in the Camp Program.

Parents hereby state that Camper is of sufficient maturity to properly care for his/her hygiene and participate in the Camp's program. Completing this application implies that Parents and Camper understand that Good Times Day Camp, LLC has the right to dismiss any Camper whose behavior, attitude or action, is in our judgment, contrary to the best interests of our Camp community. This includes but is not limited to: pranks causing bodily harm, embarrassment, or destruction of property, excessive fighting or other aggressive behavior, harassment, bullying, cults, sexual behavior, theft, excessive disobedience, or for other conduct that is ruining another Camper's experience or is harmful to the Camp. It is understood and agreed, by Camper and Parents, that possession or use of tobacco, alcohol, or controlled substances while enrolled in camp will bring immediate dismissal. Possession of any weapon may also bring immediate dismissal. Good Times Day Camp, LLC will, if necessary, search for, confiscate and dispose of any items that violate Camp policy or are used in inappropriate ways.

Payment Contract

Parents understand that a \$500 deposit per camper and a \$100 non-refundable family registration fee is due upon registration. Parents further understand that the balance of all Camp fees are due in-full by June 1, 2010, unless other arrangements have been approved. Parents further understand that after May 1, 2010 no refunds will be given. Parents further understand that unused days are non refundable. Parents further understand that the registration fee is non refundable.

Activities - Consent and Release

Parents and Camper acknowledge that a wide variety of activities are conducted at Good Times Day Camp, LLC and Parents hereby give permission for Camper to participate in these activities, assuming all ordinary risks normally inherent to the nature of the activities. Such activities include, but are not limited to, the following: swimming, group sports and games, wrestling, dance, gymnastics, karate, camping, theater, bowling, skating and a variety of special events and scheduled field trips. Parents may also elect to have their Camper attend (for an additional fee) boys'/girls' nights out and/or the Camp's overnight experience. Camper agrees to abide by all rules set by Good Times Day Camp, LLC regarding all activities, including but not limited to, rules relating to personal behavior and safety. Camper and Parents realize that some of these activities may subject Camper to certain stresses and hazards, not all of which can be foreseen. Camper is in good health and in proper physical condition to participate in such activities. Camper desires and consents to take part in all such activities (except when requested to be excluded for medical or religious reasons). Camper assumes all of the ordinary risks normally inherent to the nature of the activities and events to be conducted and agrees that neither Good Times Day Camp, LLC nor any of its directors, officers, employees, agents or other persons conducting such activities shall be responsible for any damages or injuries resulting to Camper in the absence of gross negligence.

Transportation Consent

By enrolling Camper in Good Times Day Camp, Parents hereby authorize the transportation of Camper to and from all field trips, activities, and locations that Good Times Day Camp, LLC deems reasonable each day.

Photographic Consent

By enrolling Camper in Good Times Day Camp, Parents hereby give their permission to Good Times Day Camp, LLC to photograph Camper in a reasonable and professional manner for promotional and advertising purposes (i.e. camp videos, scrapbooks, brochures, picture day, etc.).

Emergency Medical Consent

By enrolling Camper in Good Times Day Camp, Parents hereby authorize the procurement of whatever emergency medical treatment may be necessary for Camper. Parents also authorize the removal of Camper from Camp premises for the purpose of obtaining such emergency medical treatment if the need so arises. Parents agree to hold Good Times Day Camp, LLC harmless for the nature, performance, and outcome of any such emergency medical treatment and that the determination of whether an emergency has arisen shall be left to the sole discretion of Good Times Day Camp, LLC.

Medical Fees

By enrolling Camper in Good Times Day Camp, Parents hereby agree to be fully and solely responsible for all fees and costs arising from any medical conditions or treatments for Camper's participation in Good Times Day Camp, LLC, including, but not limited to, the administration of emergency medical care.

Personal Property

Good Times Day Camp, LLC assumes no liability for loss or damage to Camper's personal property or for injury incurred as a result of use of personal property. Good Times Day Camp, LLC discourages all borrowing and lending among Campers or anyone working in Camp. The Camp assumes no responsibility for money or valuables brought to Camp by Campers.

Campers will be held responsible for damage to property and equipment of Good Times Day Camp, LLC caused by Camper's negligence and will be charged accordingly for repairs or replacement.

Record Management

Good Times Day Camp, LLC contracts with Thriva, LLC (a division of the Active Network) for its on-line registration and record management regarding Camp registrants. For a copy of the Thriva User Agreement and Privacy Policy, please see www.thriva.com.

Parents have read and understood this Contract and Consent and agree to the terms herein. Parents hereby acknowledge that they are the custodial Parent or Guardian of Camper and are authorized to consent to the terms of this Contract on behalf of their child Camper.

PARENT SIGNATURE

DATE

Please Mail Completed Forms & Payments To:

Good Times Summer Day Camp
P.O. Box 1061
Waukesha, Wisconsin 53187-1067

You should expect to receive an email confirmation shortly after returning this form