

CAMP INSPIRATION Registration Form – 2021

Camper ID: 21 _____

Lake Arbor Foundation, Inc.
1399 Golf Course Drive
Mitchellville, Maryland 20721-2328
Tel. 301-333-4630 www.thelafi.org
Email: campinspiration@thelafi.org
EIN: 31-1576462

Name of Camper _____ DOB _____ Age _____

Male _____ Female _____ Tee Shirt Size _____ Sibling in Camp Yes _____ No _____

Parent or Guardian's Name _____

Parent or Guardian's Name _____

Street Address _____ City _____ State _____ Zip Code _____

Mother/Guardian Phone No. (Home) _____ (Work) _____ (Cell) _____

Father/Guardian Phone No. (Home) _____ (Work) _____ (Cell) _____

Mother/Guardian E-mail Address _____

Father/Guardian E-mail Address _____

ONE-WEEK ONLY REGISTRATION - \$175.00 – NO DISCOUNTS AVAILABLE.
TWO-WEEK SESSION DISCOUNTS APPLIED ON FINAL PAYMENT

TWO-WEEK SESSION	COST	SESSION* DISCOUNT	PAID	BALANCE	Date Paid	PAYMENT METHOD	Initials
Session I: June 21 - July 2	\$335.00						
Early Drop-off	50.00						
Late Pickup	50.00						
TOTAL							

Notes: No class-July 5 -Holiday.

Session II: July 6 - July 16	\$302.00						
Early Drop-off	50.00						
Late Pickup	50.00						
TOTAL							

Notes:

Session III: July 19 - July 30	\$335.00						
Early Drop-off	50.00						
Late Pickup	50.00						
TOTAL							

Notes:

Session IV*: Aug 2 - Aug 13	\$335.00						
Early Drop-off	50.00						
Late Pickup	50.00						
TOTAL							

Notes:

Submit a \$50.00 nonrefundable deposit per session. It will be deducted from balance. Balance must be paid 2 weeks before session starts. Payments can be made by check, credit card, bank check, money order or online at www.thelafi.org.. No personal checks accepted within two weeks of the beginning of the session. **LATE PICKUP POLICY: THERE WILL BE A PENALTY OF \$5.00 PER MINUTE FOR LATE PICKUP STARTING AT 6:01P.M.**

LAKE ARBOR FOUNDATION, INC.
CAMP INSPIRATION 2021

POLICIES, WAIVERS, DISCLAIMERS AND CONSENT

CAMPER'S NAME: _____

CAMPER ID: 21 - _____

HEALTH AND OTHER INFORMATION

PRIMARY PHYSICIAN'S NAME _____ PHYSICIAN'S PHONE NUMBER _____

EMERGENCY CONTACT PERSON _____ PHONE _____

Has the individual been immunized? _____ Yes (State of MD School) _____ Yes (Out of State/Homeschool) _____ No

Immunization form required if participant did not attend a MD public/private school last year. Download and submit.

Are there any health issues staff should be aware of? _____ Yes _____ No

Youth Camp Health History form required if participant indicates ANY health/medication/allergy issues. Please download and submit.

If your child carries an epi-pen or takes medication (prescription/non-prescription), please download and submit the Medication Administration Authorization Form signed by physician. Camper must be able to self-administer medication.

AUTHORIZATION FOR SWIMMING

Is the participant to be swim-tested or a non-swimmer? _____ Swim Test _____ Non-Swimmer

Participants who pass the swim test will be designated by staff as a Swimmer and have full access to all water depths/features. Those who do not pass the swim test are re-designated as Non-Swimmers. Non-Swimmers will not take the swim test and are restricted to chest-deep water. I grant my child permission to swim.

AUTHORIZATION FOR FIELD TRIPS

I give permission for my child to leave the premises of Lake Arbor Foundation, Inc. (LAFI) Camp Inspiration to participate in trips. I give permission to the staff of LAFI/Camp Inspiration to take my child to all scheduled trip locations for the 2021 Camp program. I give the staff permission to take my child on trips to local parks, playgrounds, museums, and related locations/activities. I agree that my child may be transported to trip sites by School Bus or chartered bus or other forms of transportation. I understand that my child will be escorted and supervised by the staff of LAFI/Camp Inspirations while participating in these activities.

PHOTOGRAPHY, MEDIA RELEASE & WAIVERS:

I grant permission to the Lake Arbor Foundation, Inc. (LAFI), Camp Inspiration the right to record the image and/or voice and use the artwork and/or written work of my child named above on videotape, on film, on photographs, in digital media and in any other form of electronic or print medium. I understand that my child's name, address and biographical information will not be made public. I further grant permission to the LAFI, the Board of Directors, its/their successors, and their assignees the right to use, the image and/or voice and use the artwork and/or written work of my child in LAFI publications, the LAFI Facebook or other social media page, the LAFI website and in any other medium and hereby consent to such use. I acknowledge that I will not receive any compensation for the use of such image and/or voice, and/or artwork and/or written work of my child and hereby release the LAFI, its employees and its agents/representatives and assigns from all liabilities, known or unknown, arising out of or in any way connected with the use of this material. I have read the foregoing release and warrant that I fully understand the contents thereof.

DROP OFF AND PICK UP POLICY

Camp Inspiration staff are authorized to release my child _____ to the individuals listed below. I understand that each authorized person must be at least sixteen (16) years old, and that my child **will NOT** be permitted to leave the camp with anyone not listed below. All authorized individuals will be required to show picture identification and sign the child in and out each day.

My child may be released to the following individuals (include yourself):

Name	Phone Number	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

LAKE ARBOR FOUNDATION, INC.
CAMP INSPIRATION 2021

POLICIES, WAIVERS, DISCLAIMERS AND CONSENT

LATE PICK UP FEE POLICY

A late fee of \$5.00 per camper for every minute will be assessed for participants who are not picked up by 6:00pm. This fee begins at 6:01pm.

We request that parents/guardians call the camp site if they are delayed for any reason. Regardless of the reason, a late fee will still be assessed. Payment is due upon pick-up of the camper.

RELEASE AUTHORIZATION

I hereby represent and warrant that if the individual listed above is a minor, I am his/her parent/guardian and authorized to provide the releases, authorizations, and permissions as stated below and all information is accurate and complete. I hereby give permission for the camper/individual to participate in all program activities, including field trips in approved vehicles (school buses, charter buses, and other forms of transportation) and agree to release The Lake Arbor Foundation, Inc./Camp Inspiration, , its Board of Directors, officers, their successors and assigns, employees, staff, volunteers, and agents from all liability arising from any harm or injury incurred by the participation of the camper/individual in any or all of the programs stated above.

I authorize the staff of the Lake Arbor Foundation, Inc./Camp Inspiration to obtain medical/hospital treatment for the above-named child in the event of an emergency.

Printed Name (Parent/Guardian if under 18)

Signature (Parent/Guardian if under 18)

Date