

# EARLY BIRD REGISTRATION

Receive 10% off by registering early

Thursday, November 1 through Thursday, February 28

Reserve your camper's spot by simply paying the \$50 nonrefundable registration fee per camper and leaving a credit card on file in our secured system. If balance has not been paid in full, any unpaid balances will be charged to the card on file on March 1. Additions and changes made after February 28 will be at the 2019 rates. This discount applies to camp and extended care fees only; it will not be applied to the registration fee. Cannot be combined with income-qualified discount.

## EARLY BIRD PRICES

Through Thursday, February 28

	CA members/ Columbia Cardholders	Non-members	Week of July 4 CA members/ Columbia Cardholders	Week of July 4 Non-members
<b>Access to Nature Camp</b> 1 week • Grades K-8	\$517.50	\$540	N/A	N/A
<b>Art Camp</b> 1 week • Grades 1-8	\$270	\$283.50	\$216	\$226.80
<b>Art Camp</b> 2 weeks • Grades 1-8	\$499.50	\$522	N/A	N/A
<b>Back to Basics Lacrosse Camp</b> 1 week • Grades 2-9	\$337.50	\$337.50	N/A	N/A
<b>Basketball Camp</b> 1 week • Grades 3-10	\$229.50	\$243	N/A	N/A
<b>Camp C.O.O.K.</b> 1 week • Grades 3-5	\$270	\$283.50	\$216	\$226.80
<b>Camp Extra</b> 1 week • Grades K-5	\$270	\$283.50	N/A	N/A
<b>Camp Make a Difference</b> 1 week • Grades 6-8	\$270	\$283.50	\$216	\$226.80
<b>Grand Slam Tennis</b> 2 weeks • Grades 3-9	\$454.50	\$477	\$409.05	\$429.30
<b>Little Explorers</b> 2 weeks • Grades 1-3	\$472.50	\$495	\$425.25	\$445.50
<b>My First Camp</b> 2 weeks • Ages 3½-5	\$472.50	\$495	\$425.25	\$445.50
<b>Nature Camp at Lake Elkhorn</b> 2 weeks • Grades K-5	\$522	\$544.50	\$469.80	\$490.05
<b>Nature Camp at Wilde Lake Park</b> 2 weeks • Grades K-5	\$522	\$544.50	\$469.80	\$490.05
<b>Nature Extreme at Wilde Lake Park</b> 2 weeks • Grades 6-8	\$558	\$580.50	\$502.20	\$522.45
<b>Skateboard Camp</b> 1 week • Grades 2-7	\$270	\$283.50	\$216	\$226.80
<b>Sports Camp</b> 1 week • Grades 1-6	\$279	\$292.50	\$223.20	\$234
<b>S.T.E.A.M. Innovators</b> 2 weeks • Grades 3-5	\$522	\$544.50	\$469.80	\$490.05
<b>Tennis, Golf and Swim</b> 2 weeks • Grades 3-9	\$454.50	\$477	N/A	N/A
<b>Trek (Junior)</b> 1 week • Grades 3-5	\$333	\$346.50	N/A	N/A
<b>Trek (Senior)</b> 1 week • Grades 6-8	\$333	\$346.50	N/A	N/A

# EARLY BIRD **November 1, 2018 through February 28, 2019**

# REGISTRATION FORM 2019 SUMMER CAMPS

One form per camper (photocopy additional copies if needed). Please retain a copy of this form for your records. Please check your form for accuracy.

<b>Camper's last name</b> Please enter info on line above.	<b>Camper's first name</b>	<b>Date of birth (MM/DD/YY)</b>	<b>Age</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
				Grade child is entering in fall 2019:
<b>Camper's street address</b> (Apt #) PO boxes are not applicable.	<b>City</b>	<b>State</b>	<b>ZIP</b>	
<b>Check boxes at right if applicable.</b> <input type="checkbox"/> I live/work full time on CA-assessed property. <input type="checkbox"/> We are CA members/Columbia Cardholders. <input type="checkbox"/> I am applying for the Income-Qualified Program.				

## Contact information Please list phones in order that you would like to be contacted.

Camper lives with	Parent/guardian name	Relationship to child	Phone one	Phone two

**Emergency contacts** List two additional adults who know their names are being furnished to CA, have permission to pick up your child, and should be contacted in the event of an emergency if you cannot be contacted. (Additional names may be furnished in writing on the first day.)


Please note that unless a court order is on file with the Camps office, non-custodial parents will be authorized to pick up child on a daily basis and may be notified in case of an emergency should we be unable to reach the custodial parent.

**Email address** One per household (please print clearly) \_\_\_\_\_  
 This will be used for communications regarding Columbia Association summer camp information. Your email address will be kept confidential.

## Medical information

Has your child **not** received any immunizations due to religious or medical reasons?  
 Yes  No If yes, call the CA Camps office at 410-715-3165 to receive the release exemption form.

<b>Physician's name</b>	<b>Physician's phone number</b>	<b>Month/year of last tetanus shot (DTP) required by the state of Maryland</b>
Does camper have any current or past special and/or medical conditions <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill out Special Care Form (found at ColumbiaCamps.org)		<small>Failure to supply date will result in return of registration form. Previous records are not kept by CA.</small>
Does camper have any dietary restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____		
Does camper have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____		
Does camper take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list medication(s) below _____		

**A Medication Order Form (found at ColumbiaCamps.org) must be completed for each medication camper will take during the camp session and/or extended care. Please bring a completed Medication Order Form and medication to the camp site on first day of camp.**

### Terms and conditions *Registration in the program denotes:*

- Authorization for CA to use any photographs or video in which your child may appear.
- Permission for child to participate fully in camp activities, including off-site and overnight trips (if included in the programming).
- Certification that child is in good health and has been seen by a physician within the past year.
- Your signature indicates your understanding and agreement with the terms and conditions set forth herein (including all the pages and attachments to this registration packet), and you agree to pay all fees and related charges as they become due. The parent/legal guardian hereby agrees with Columbia Association, Inc. (CA) to the following by affixing your signature. In connection with your child's participation in camp ("the Program"), you understand and acknowledge the nature and extent of the activities that will be involved in the Program and assume the risk inherent in such activities on behalf of yourself and on behalf of your child(ren). You voluntarily waive any and all claims, costs, liabilities, expenses (including attorney's fees), and judgments against CA, its directors, officers, employees, servants, subcontractors and agents and hereby release, excuse and discharge CA, its directors, officers, employees, servants, subcontractors and agents from all claims, expenses (including attorney's fees), and judgments that may arise out of my child's/children's participation in the Program and all aspects attendant thereto.
- You further agree to indemnify and hold CA, its directors, officers, employees, servants, subcontractors and agents harmless from any and all claims, liabilities, expenses (including attorney's fees) and judgments that may arise out of your child(ren)'s participation in the program. You give Columbia Association permission to provide basic medical treatment to your child, if needed. You also give permission for Columbia Association to transport your child to the nearest hospital for emergency treatment, and for that hospital to treat your child, including hospitalization, anesthesia, surgery and medication. The hospital is authorized to disclose to Columbia Association's Camps Director (or his/her designee) the child's protected health information, including examination findings, test results and treatment, for purposes of communication with the camper's parents or guardian and/or determination of the camper's ability to continue in camp activities.

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## Choose your camps

Camp name	Start date	End date	Camp cost	Extended care	Extended care cost	Total
<i>Please print the name of each of the camps your child will attend.</i>						
1. _____			\$	<input type="checkbox"/> AM <input type="checkbox"/> PM	\$	\$
2. _____			\$	<input type="checkbox"/> AM <input type="checkbox"/> PM	\$	\$
3. _____			\$	<input type="checkbox"/> AM <input type="checkbox"/> PM	\$	\$
4. _____			\$	<input type="checkbox"/> AM <input type="checkbox"/> PM	\$	\$
5. _____			\$	<input type="checkbox"/> AM <input type="checkbox"/> PM	\$	\$
6. _____			\$	<input type="checkbox"/> AM <input type="checkbox"/> PM	\$	\$

Total cost =

### Camp rates

Rates listed are per session. Registration fee: one-time, seasonal, nonrefundable \$50 processing fee per camper.

+ Nonrefundable registration fee  \$50.00

### Extended care rates

Please note: Extended Care and its costs cannot be split between sessions or prorated.

**1 week: \$54 (am), \$58.50 (pm); 2 weeks \$108 (am), \$117 (pm)**

**Week of July 4 • 1 week: \$43.20 (am), \$45 (pm); 2 weeks \$97.20 (am), \$105.30 (pm)**

TOTAL =

### 2019 Early Bird payment information

All camp balances must be paid in full by February 28, 2019. Any unpaid balances will be adjusted to the regular registration prices beginning March 1.

Please check the appropriate box below:

I am paying in full.

Enclosed is a check, money order (payable to CA Camps) or credit card info for the total, including the nonrefundable \$50 registration fee.

I am paying the registration fee of \$50 and would like CA to charge the entire remaining balance due to this same credit card March 1.

Payment installments may be made to your account at any time prior to March 1. Additionally, I also understand that my credit card may be charged for any additional fees as listed on page 17-19 that I may incur during the 2019 summer camp season.

### Refunds

Refunds, minus the nonrefundable registration fee, will be issued until June 7, 2019. Please contact Camps office for the complete refund policy.

**I have read the terms and conditions and the above payment information.**

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Payment method Circle payment method: Cash Check Money order Credit card If using credit card, circle credit card type: Visa MasterCard Discover American Express

The following section of this registration form containing credit card information will be shredded after the information has been input.

Credit card number     Expiration date /   
Please indicate MM/YY

3-digit security code   
On back of card

Print name as it appears on card

Amount to be charged \$  
Must be a minimum of \$50

Cardholder's signature

Date

**ATTENTION:** Mail signed registration form, payment and required documentation (if applicable) to **CA Camps, 6310 Hillside Court, Suite 100, Columbia, MD 21046.**