



POPLAR SPRINGS CHRISTIAN CHURCH SUMMER CAMP
 6115 OLD STAGE ROAD, RALEIGH, NC 27603
 TEL: (919) 772-5151 FAX: (919) 772-3238

2017 SUMMER CAMP REGISTRATION

Please print carefully and legibly. Complete Pages 1-3

Participant's Last Name		First Name	Middle Name
<input type="checkbox"/> Male <input type="checkbox"/> Female		Age:	Date of Birth:
Current Grade:		Current School:	
Participant's T-Shirt Sizes			
Youth Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large			
Adult Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large			
Mother/Guardian Name		E-Mail Address	
Address:			
City, State, Zip:			
Mother/Guardian Telephone Numbers:			
Home:		Cell:	
Father/Guardian Name		E-Mail Address	
Address:			
City, State, Zip:			
Father/Guardian Telephone Numbers:			
Home:		Cell:	

Medical Insurance is required for all participants registered for summer camp.

I confirm that the participant has medical insurance. YES NO

Please answer the following questions honestly and completely. Attach any additional information if necessary.

Does your child have any known allergies: Allergies <input type="checkbox"/> NO <input type="checkbox"/> YES. If yes, explain

EMERGENCY CONTACTS AND RELEASE AUTHORIZATION: Please list in order additional names other than the parent/guardian listed above, 16 or older, that are authorized to be contacted in case of an emergency and allowed to pick-up the participant. Authorized individuals will be required to show a picture ID. Please print all names.

Name#1		Relationship to Child
Address:		
City, State, Zip:		
Telephone Numbers:		
Home:	Cell:	

Name#1		Relationship to Child
Address:		
City, State, Zip:		
Telephone Numbers:		
Home:	Cell:	

Name#1		Relationship to Child
Address:		
City, State, Zip:		
Telephone Numbers:		
Home:	Cell:	

By signing below, I acknowledge and/or authorize the following...

- PSCC provides no insurance coverage for participants
- In the event of a medical emergency, every effort will be made to contact parent(s)/guardians. I authorize the PSCC staff to seek appropriate medical care if a parent/guardian cannot be reached.
- The information I have provided on the Summer Camp Registration Form is current and accurate and
- I authorize my child to attend the field trips organized by the PSCC Summer Camp.

Parent/Guardian Name (Print)	Signature	Date

Parent/Guardian Name (Print)	Signature	Date



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2017 PSCC SUMMER CAMP PAYMENT SCHEDULE

(One form per participant – copy as needed)

PARTICIPANT'S NAME _____

(Please Make a Copy for Your Records) Minimum Payment is \$120.00 Per Month

Week Attending	Please Check Week(s) That Apply	Registration Fee \$50.00 February and/or or 1 st Payment	March Payment	April Payment	May Payment	June Payment	Payment In Full
Week 1	June 13 -16						
Week 2	June 19 - 23						
Week 3	June 26 -30						
Week 4	July 3-7						
Week 5	July 10-14						
Week 6	July 17-21						
Week 7	July 24-28						
Week 8	July 31-August 4						
Week 9	August 7-11						
Week 10	August 14-18						
SUBTOTAL							
TOTAL AMOUNT DUE							

DONOR INFORMATION: I would like to make a donation to support a child's participation. Donations are due at the time of registration and cannot be added to a payment plan. (Please, specify amount)

Name: _____

REFUND POLICY

- 100% refund of weekly camp fees if church cancels program. The registration fee of ~~\$50.00~~^{50.51} is non – refundable.
- Refund requests must be in writing at least 14 (on or before May 31, 2017) days in advance of the start date of the program. Request may be emailed to administrator@poplar-springs.org.
- Refund/credit/transfer received less than 14 days prior to start date of the program will **not** be granted.
- A credit may be used by any family member on the same registration account.
- Non-attendance/Non-participation in a program or activity does not entitle a patron to a refund.