



6115 Old Stage Road  
 Raleigh, NC 27603  
 P: 919.772.5151 ■ F: 919.772.3238

[www.poplar-springs.org](http://www.poplar-springs.org)

## 2020 SUMMER CAMP REGISTRATION

<b>Participant's Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	Date of Birth:
Current Grade:	Current School:	
<b>Participant's T-Shirt Size</b>		
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
<b>Mother/Guardian Name</b>	<b>Email Address</b>	
Home Phone:	Mobile Phone:	
Address:		
City, State, Zip:		
<b>Father/Guardian Name</b>	<b>Email Address</b>	
Home Phone:	Mobile Phone:	
Address:		
City, State, Zip:		

**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**

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 legibly.

<b>Name #1</b>	<b>Relationship to Child</b>
Home Phone:	Mobile Phone:
Address:	
City, State, Zip:	
<b>Name #2</b>	<b>Relationship to Child</b>
Home Phone:	Mobile Phone:
Address:	
City, State, Zip:	
<b>Name #3</b>	<b>Relationship to Child</b>
Home Phone:	Mobile Phone:
Address:	
City, State, Zip:	

***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.
- 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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## 2020 PSCC SUMMER CAMP PAYMENT SCHEDULE

(One form per participant- copy as needed)

PARTICIPANT'S NAME \_\_\_\_\_

(Please Make a Copy for Your Records)

Week Attending	Please Check Week(s) That <b>Apply</b>	Registration Payment	February Payment	March Payment	April Payment	May Payment	June Payment	Payment In Full
Week 1 June 17-19								
Week 2 June 22-26								
Week 3 Jun 29-Jul 3								
Week 4 July 6-10								
Week 5 July 13-17								
Week 6 July 2-24								
Week 7 July 27-31								
Week 8 August 3-7								
Week 9 August 10-14								
<b>TOTAL AMOUNT</b>								
<b>TOTAL PAID</b>								
<i>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}</i>								
Name:								

(see next page for the refund policy)

## REFUND POLICY

- 100% refund of weekly camp fees if church cancels program. **The registration fee of \$50.00 is non - refundable.**
- Refund requests must be in writing at least 14 days in advance of the week affected. Request may be emailed to [administrator@poplar-springs.org](mailto:administrator@poplar-springs.org).
- Refund/credit/transfer received less than 14 days prior to start date of the affected week 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.