



Black Mountain Summer Camp Registration 2022

304 Black Mountain Ave., Black Mountain, NC 28711
828-669-2052

Child's Name: _____ Gender: _____

Mailing Address: _____

City: _____ Zip: _____

Birth date: ____/____/____ Childs Age _____ Grade _____ School: _____

Email: _____

Mother's Information / Guardian

Father's Information / Guardian

Parent Name: _____

Parent Name: _____

Cell Phone: _____ Text: Y or N

Cell Phone: _____ Text: Y or N

Work Phone: _____

Work Phone: _____

Camp Shirt Size:

Youth Small(6-8) _____ Youth Medium(10-12) _____ Youth Large(14-16) _____ Adult (S) _____ Adult (M) _____ Adult (L) _____

Check off the weeks you are interested in: \$50 Deposit required to hold each week selected

Week 1 6/20-6/24	Week 2 6/27-7/1	Week 3 7/5-7/8 * K-3rd only week	Week 4 7/11-7/15 4th - 6th only week	Week 5 7/19-7/22	Week 6 7/25-7/29
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**regarding Week 3: Camp will be closed Monday, 7/4 in observance of the 4th of July holiday.*

Emergency Contact if parent cannot be reached _____ Phone Number _____

List other people allowed to pick up your child with their name and number. They will be required to show their picture ID.

Medical Information

Please list any medical information or history this participant may have which the department or camp staff should be aware of. (i.e. food allergies, heart condition, disabilities, etc.)

Flip to sign on the other side

Behavioral Information

Please list any behavioral information or history this participant may have which the department or camp staff should be aware of.

(i.e. ODD, CD, ADHD, etc.)

Black Mountain Summer Camp Code of Conduct Policy

I _____ and my child _____

agree to abide by the standards of conduct outlined below.

I will display respect and good attitude towards other campers and camp staff. Initials _____

I will conduct myself with honesty and integrity at all times. Initials _____

I will respect the decisions of the counselors, director, and Parks and Recreation Staff. Initials _____

If your child should display or exhibit rude language and/or physical conduct with other children or camp staff, Black Mountain Recreation and Parks reserves the right to remove your child from Black Mountain Summer Camp for the duration of the week and/or Summer. This will result in either a loss of your camp fee, your deposit, or both. Initials _____

Campers Signature _____ Date: _____

Parents/Guardian signature: _____ Date: _____

If your child does not make it into the week you requested do you want your child on the waitlist?

Yes _____ No _____

If an opening comes available we will notify you by phone so please make sure we have the correct number.

Waiver

I acknowledge that my child is not covered by any medical insurance policy of the Black Mountain Recreation & Parks Department or the Town of Black Mountain. In consideration of Black Mountain Recreation & Parks and the Town of Black Mountain allowing the use of Town facilities and participation in Town sponsored or operated programs, I do release the Town, its officers, agents, or employees from all liability, demands or claims for loss, damage, or injury resulting from participation in the above named activity and do hereby give consent for emergency treatment. I further state that I have read the foregoing release and covenant not to sue, know the contents thereof and sign the same as my own free act. The undersigned also consents to the use of any photographs or videos of the participant's activities in the above described program for promotional or informational purposes.

Parent or Guardian's Signature

Date