



# 2019 Camp Skyline Registration Form

*Application must be filled out prior to in-person registration*

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Check One:     City of Charlottesville Resident                       Non-Resident

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Questions/Additional Information:

Two local emergency contacts, other than parents/guardians must be provided.

### **Emergency Contact 1**

Name: \_\_\_\_\_

Phone (1<sup>st</sup> Choice): \_\_\_\_\_

Phone (2<sup>nd</sup> Choice): \_\_\_\_\_

Phone (3<sup>rd</sup> Choice): \_\_\_\_\_

### **Emergency Contact 2**

Name: \_\_\_\_\_

Phone (1<sup>st</sup> Choice): \_\_\_\_\_

Phone (2<sup>nd</sup> Choice): \_\_\_\_\_

Phone (3<sup>rd</sup> Choice): \_\_\_\_\_

Please list persons with permission to pick up child (other than parents/guardians or emergency contacts). Photo ID is required upon pick up of camper.

\_\_\_\_\_

May your child walk or take the bus home?  Yes  No

What grade is your child currently enrolled in? (circle one)

Pre-K Kindergarten 1 2 3 4 5 6 7 8 9 10 11 12

Please list any medical conditions/allergies/dietary needs/behavioral/social issues/other concerns: \_\_\_\_\_

\_\_\_\_\_

Will your child will be required to take medication during camp? Medication Authorization forms must be filled out before staff can dispense medication.  Yes  No

If my child becomes ill during camp, I understand that I will be contacted as soon as possible. If I am not able to be reached, my child's emergency contact will be notified. It is my responsibility to arrange for the child to be picked up from camp as soon as possible.

I understand my child may be suspended from camp if they do not follow the rules. I understand that my child may not attend any field trips if they have been suspended for that week.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For staff use only:

Registered/Received by: \_\_\_\_\_

RecTrac Questions Entered:  Yes  No

Please select the location and week(s) of camp. If you have multiple campers, only one (1) form is required if they are attending the exact same camps and weeks. If different, please fill out a different form.

## CAMP SKYLINE

Youth Rising 7th-9th grade during the 2018-19 school year.

Location: Key Recreation Center, 800 East Market Street, Charlottesville, VA 22903

Check which weeks you want to attend	Activity#	Days	Dates	Time	Weekly Fee (Resident)	Weekly Fee (Non-Resident)
<input type="checkbox"/>	340804-01	M-F	Jun 17-Jun 21	7:30 am-5:30 pm	\$55.00	\$75.00
<input type="checkbox"/>	340804-02	M-F	Jun 24-Jun 28	7:30 am-5:30 pm	\$55.00	\$75.00
<input type="checkbox"/>	340804-03	M-F	Jul 1-Jul 5	7:30 am-5:30 pm	\$55.00	\$75.00
<input type="checkbox"/>	340804-04	M-F	Jul 8-Jul 12	7:30 am-5:30 pm	\$55.00	\$75.00
<input type="checkbox"/>	340804-05	M-F	Jul 15-Jul 19	7:30 am-5:30 pm	\$55.00	\$75.00
<input type="checkbox"/>	340804-06	M-F	Jul 22-Jul 26	7:30 am-5:30 pm	\$55.00	\$75.00