

GameT1me Employee: _____

SUMMER DAY CAMP REGISTRATION

Child Name _____

Age _____ LAST FIRST M.I.
Date of Birth ____/____/____ (MM/DD/YYYY)

Member ID: _____

Parent/Guardian _____

Address _____

Street

City

State

Zip Code

Phone _____ E-Mail _____

Relation to Camper _____

Parent/Guardian _____

Address _____

Street

City

State

Zip Code

Phone _____ E-Mail _____

Relation to Camper _____

Emergency Contact _____

Emergency Contact's Phone _____

Emergency Contact's Relation to Camper _____

Snack Tab: YES NO Maximum allowance per day: \$____.____

Free-Time Gaming ESRB Rating: E E10+ T M

Allowed Exceptions: _____

How did you hear about us?

GameT1me Employee: _____

Pick-up Addendum

The following are individuals that are authorized to check out the child from Summer Camp.

Name: _____

Relation to Child: _____

Contact Number: _____

Name: _____

Relation to Child: _____

Contact Number: _____

Name: _____

Relation to Child: _____

Contact Number: _____

Name: _____

Relation to Child: _____

Contact Number: _____

Late Pick-up Policy

Any child picked up after 6:30 p.m. will incur normal hourly charges per hour after 6:30.

GameT1me Employee: _____

Medical Information

Family Physician _____

List of known allergies:

Any known medical conditions:

Medical Information Continued

Current Medications or medical devices and instructions:

Medical Concerns:

Does your child attend public school? Yes No

Can you provide an immunization chart? Yes No

(continued)

GameT1me Employee: _____

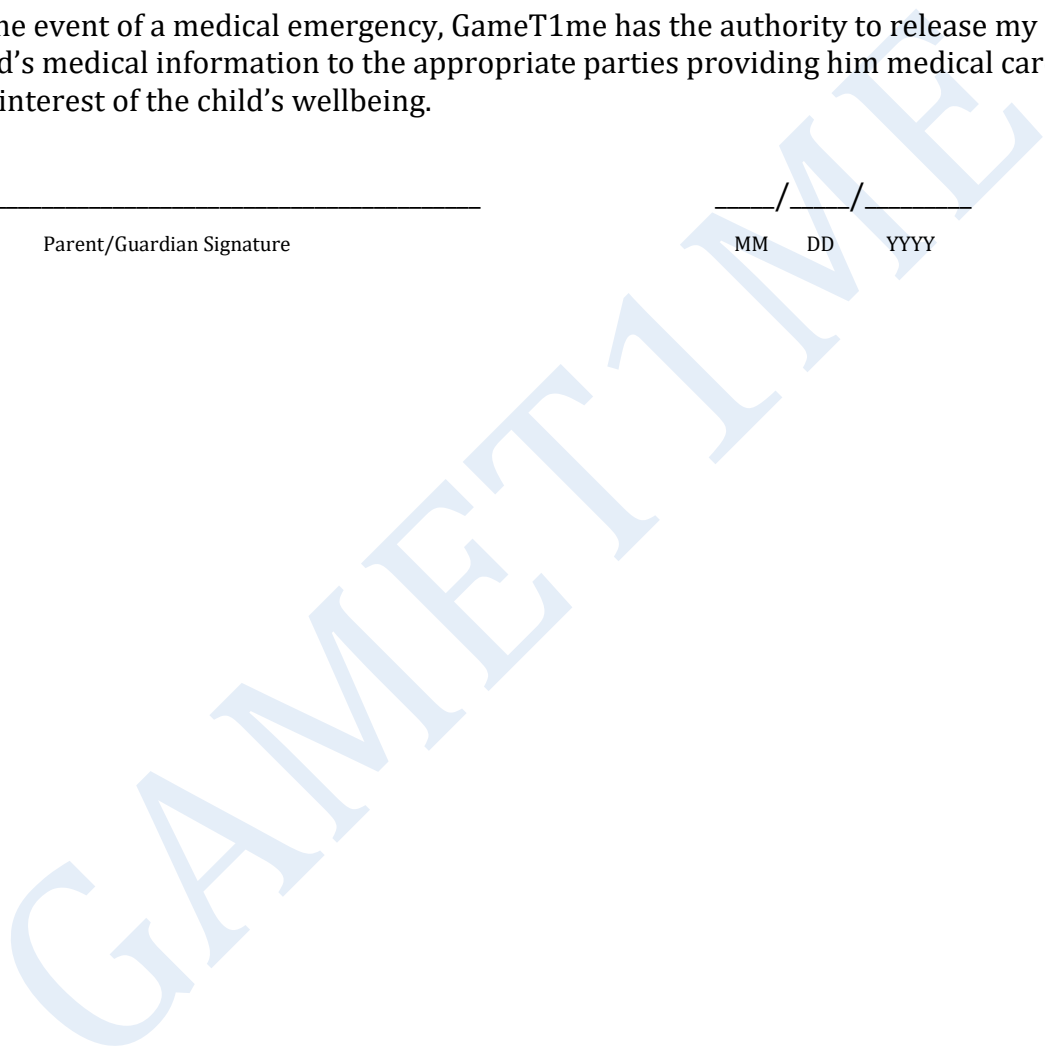
If your child experiences a medical emergency and requires immediate medical care, is there an urgent care provider you prefer?

Medical Release Consent

In the event of a medical emergency, GameT1me has the authority to release my child's medical information to the appropriate parties providing him medical care in the interest of the child's wellbeing.

Parent/Guardian Signature

____/____/____
MM DD YYYY



GameT1me Employee: _____

Weeks of Camp	Payment amount (Price per week)
4 weeks or less	110 ⁰⁰
4 – 7 weeks	100 ⁰⁰
8 – 10 weeks	95 ⁰⁰

Payment : (Select only one)

- 4 weeks or less
- 4-7 weeks
- 8-10 weeks *edit: 8-11 weeks

Reminder that all children who participate in Summer Camp must be members of GameT1me first. Memberships are \$30 per year and can be purchased at the beginning of Summer Camp.

GameT1me Employee: _____

Summer Camp Agreement

I, _____ (Summer Camp Gamer), agree to behave a manner that is deemed acceptable by GameT1me. This pertains, but is not limited to, appropriate language and word choice, physical contact of staff and fellow participants, and personal conduct. I will follow the rules of GameT1me and the instructions of GameT1me Employees to the best of my abilities.

Camper Signature

____/____/____
MM DD YYYY

Parent/Guardian Consent/Agreement/Waiver

I, _____ (Parent/Guardian of Camper), give permission to my child to attend GameT1me's Summer Camp and understand the Summer Camp agreement that my child has agreed to. I understand that failure to adhere to the agreement may result in the child's suspension and possibly dismissal from the GameT1me Summer Camp.

In signing below, I also release GameT1me, its employees, and associated parties from liability of any injury, death, personal loss or damage to property to my child or myself. I understand that medical personnel are not available on site, and will allow GameT1me to contact an emergency medical response team if my child's emergency contact or I am not available for contact.

Parent/Guardian Signature

____/____/____
MM DD YYYY