



# BARTLETT RECREATION CENTER



## SIZZLIN' SUMMER CAMP

<b>1. Participant's Name</b> <input type="text"/>				
<b>2. Birth Date</b> <input type="text"/> / <input type="text"/> / <input type="text"/>	<b>3. Age</b> <input type="text"/> <small>* 6-12</small>	<b>4. Grade Completed</b> <input type="text"/>	<b>5. Gender</b> <input type="text"/> <small>* Children must have completed kindergarten</small>	
<b>6. Parent or Guardian</b> <input type="text"/>				
<b>7. Address</b> <input type="text"/> <input type="text"/> <b>City</b> <input type="text"/> <b>State</b> <input type="text"/> <b>Zip</b> <input type="text"/>		<b>8. Phone (H)</b> <input type="text"/> <b>(W)</b> <input type="text"/> <b>(C)</b> <input type="text"/> <b>(Alt.)</b> <input type="text"/>		
<b>9. Email (Required)</b> <input type="text"/>				

### Emergency Contacts & Information

Please list the following people (other than yourself), who will be authorized to pick up your child and/or be able to be reached between 7:00am—6:00pm.

Physician's and Medical Information

**\*\*THE BARTLETT PARKS AND RECREATION DEPARTMENT  
WILL NOT ADMINISTER ANY MEDICATIONS \*\***

<b>10. Name</b> <input type="text"/> <b>Phone</b> <input type="text"/> <b>Relationship</b> <input type="text"/> <b>11. Name</b> <input type="text"/> <b>Phone</b> <input type="text"/> <b>Relationship</b> <input type="text"/>	<b>12. Physician</b> <input type="text"/> <b>Phone</b> <input type="text"/> <b>Medical Conditions/Allergies/Special Needs</b> <input type="text"/> <input type="text"/> <input type="text"/>
<b>13. Current Medications</b> <input type="text"/>	
<b>14. Restricted Activities</b> <input type="text"/>	
<b>15. T-Shirt Size</b> (Please Mark One) <b>Youth:</b> <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <b>Adult:</b> <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	<b>16. Participant Information</b> <b>BRC Member</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Able to Swim</b> <input type="checkbox"/> Yes <input type="checkbox"/> No



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### 17. Sessions (Please mark all that apply)

- Week 1      June 4-8
- Week 2      June 11-15
- Week 3      June 18-22
- Week 4      June 25-29
- Week 5      July 2-3\*, 5-6
- Week 6      July 9-13
- Week 7      July 16-20
- Week 8      July 23-27
- Week 9      July 30-Aug.3
- Week 10     Aug. 6-10

### 18. Before/After Care

- Before Care
- After Care
- Not Needed

### Weekly Session Cost\*

\*Cost is per week for 1 Child (Sibling discount available)

**Member: \$135    Non-Member: \$160**

(1<sup>st</sup> sibling discount: \$10 off and 2<sup>nd</sup> sibling discount: \$25 off)

### Day Rates Available\*\*

Member: \$35/Day    Non-Member: \$40

\*\*If space permits. Priority is given to weekly Campers.

**Week of July 2-6: will dismiss at 3:00pm on July 3 due to the Bartlett Fireworks Extravaganza; and, there will be no Camp on Wed, July 4th. Cost is \$100 for Members and \$125 for Non-Members during this shortened week of Camp.**

**Camp Runs: 8:00am-5:00pm**

### Before & After Care

Before Care begins at 7:00am      After Care runs until 6:00pm

Both are FREE services the BRC provides for you.

(901) 385-6470

[www.cityofbartlett.org/BRC](http://www.cityofbartlett.org/BRC)

**Sign up and pay for 5 weeks or more at one time and save 10% on your total cost!**

## Waiver for Participant & Transportation Permission

I certify that my child is physically fit to participate in all Bartlett Recreation Center program activities. In consideration of your acceptance of registration; I hereby, for myself, my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages that I or my child may have against Bartlett Recreation Center and the City of Bartlett, its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I also understand and grant permission that my child's photo, video and/or audio may be used for publications and/or advertisements by the City of Bartlett and the Bartlett Recreation Center.

The children will be going on transportation assisted field trips throughout the summer. Parents will be reminded of these, in writing, the day prior to the field trip. Recreation leaders chaperone every trip and all precautions will be taken to ensure the safety of each child. If you would like your child to attend these field trips, please sign below. By not signing below, we assume that you, the parent/guardian, do not want your child to attend scheduled field trips. Also, by not signing below, you the parent/guardian, assume full responsibility for alternative provisions for your child during the scheduled field trip. Please let this serve as the only permission forms to be administered throughout the duration of this camp.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### For Office Use Only

MasterCard

Visa

Check # \_\_\_\_\_

Cash

Date Received \_\_\_\_\_ Amount Paid \_\_\_\_\_ Invoice \_\_\_\_\_ Employee Initials \_\_\_\_\_