Elevation Camp Registration Packet - 2024

Thank you for choosing Elevation Camp! Please fill out the entire packet and submit via email to ElevationCampCT@gmail.com. Registration is not complete until all forms are submitted and your FACTS account is set up. Thank you for your time and cooperation to ensure a successful start to your child's summer!

Camper Information				
Name:		Da	ate of Birth:	
Male or Female:		Gı	rade for 2024-2025:	
List Allergies:		I		
Describe Any Special Medical, Pl	hysical, or Mental	Needs:		
Parent Information				
Name:				
Address:		City, Zip:		
Cell Phone:		Preferred Forms of Contact:		
Email:		☐ Call ☐ Text ☐ Email		
How did you hear about Elevation	n Camp? Were yo	u referred by	y anyone?	
Emergency Contacts (at least 2)				
Full Name	Full Name Relationship		Cell	

Please indicate which weeks you would like to register your child. The date you submit your paperwork locks in your price tier. If you need specific early or aftercare days, please include your needs on this sheet **AND** in the body of the email when you submit this packet.

Session	<u>Dates</u>	Check to Select	Early Care 7:00AM – 9:00AM	After Care 3:15PM – 5:30PM
Week 1 Colorful Creators	June 10 – 14			
Week 2 Chef Secrets	June 17 – 21			
Week 3 Under the Sea	June 24 – 28			
Week 4 All Star Sports	July 1 – 5			
Week 5 Nature Explorers	July 8 – 12			
Week 6 Superhero Training	July 15 – 19			
Week 7 Music Fest	July 22 – 26			
Week 8 Summertime Christmas	July 29 – Aug 2			
Week 9 Under the Big Top	August 5 – 9			
Week 10 Science Central	August 12 – 16			
Week 11 Rest & Relaxation	August 19 - 23			

Pricing Breakdown

- Summer Camp (9:00AM-3:00PM): \$175/week
 - o Earliest Drop Off without charge 8:45AM
 - o Latest Pick Up without charge 3:15AM
- Early Bird Price [through 3/30/24]: \$159/week
- One Time Per Season Per Child \$20 processing fee
 - o Fee May be Waived depending on FACTs account status
- Early Care 7:00AM, Full Week \$50
- Early Care Single Day \$12 per day
- After Care 3:15-5:30pm, Full Week \$50
- After Care Single Day \$12 per day
- After Care Late Pick Up Past 5:30pm, \$1 per minute.
 - Extenuating circumstances may be understood and considered, but can't be guaranteed.
- Water Bottles:
 - o **\$1** Single Use 16.9oz
 - o \$5 Elevation Camp Reusable 20oz
- Baseball Hat \$10
- T-Shirts, Sizes Child XS-XL, Adult S-XL
 - o \$10 regular
 - o **\$15** tie-dye

Merchandise: Please select by indication how many you would like to add to your registration.

α	Size &			Child			Adult			
Color	XS	S	M	L	XL	S	M	L	XL	
Blue (\$10)										
Green (\$10)										
Orange (\$10)										
Yellow (\$10)										
Pink (\$10)										
Tie-Dye (\$15)										
Reusable Water l	Bottle 20o	z (\$5):								
Baseball Hat (\$1	0):									

	·	Parent N	ame				Par	ent Phone	
I further give my permission for the use of any photo, video, or likeness of my child to be used by the sponsoring organizations for their use in promotional materials.									
are inheren organizatio	t in this kind ns and their	d of activi	ty. You a	lso agree	to absolve	and hold	harmless	the sponse	oring
	ty and an er arent, guard								
result in inj responsibili	ity to instru	ss to an in ct your ch	dividual. ild of the	As a parentimportance	nt or guard ce of safe	dian, you and appro	are to be a priate con	ware of y duct whic	our h will
authorities.		.• •	• • •	•	9 90 /				
or dismissa	l from the p								
	that there v								
	camp cost r								
Registration	on Contrac	t, Medica	l and Lia	bility Rel	ease, & N	<u> Iedia Rel</u>	ease		
Parent Init	tials:								
and proced	ures as writ	ten.							
	the Elevation		Handbool	and I und	derstand a	gree to an	d adhere	to the poli	cies
Elevation	Camp Han	dbook Co	ontract						
eball Hat (\$	10):								
ısable Water	Bottle 20o	z (\$5):							
-Dye (\$15)									

Parent Name	Parent Phone
Parent Signature	Date

Elevation Camp Pick-Up Authorization Form

Child's Name:		
Please include all names of those pers Elevation Camp. This list should incl friends who are permitted to pick-up	lude carpool groups and any other	
No child will be released to anyone	except the following list under a	any circumstances.
Name	Relationship	Phone Number
All authorized persons must show a p they pick up the child and may be ask		
Signed	Dat	te

Elevation Camp Climbing Wall Permission Slip

I,	(parent's name), request that my child,,
be permitted to p	participate in the Climbing Wall Activity at Elevation Camp.
Release of Clair	ns
activity. I under behalf of my chi activity. I hereby	tian, I voluntarily agree, on behalf of my child to participate in the above identified stand that there are risks in my child's participation in this program. I hereby agree on ld to assume any and all risk arising out of or caused by my child's participation in this release Elevation Camp and any of its affiliated organizations, agents, employees, or all actions or claims that my child may have resulting from participation in this activity.
Behavior Exped	etations
_	upervising personnel have the right at their discretion to enforce the established rules of gree to direct my child to cooperate and conform with directions of supervising personnel.
Rock Climbing	Regulations:
All Clim	bers must wear sneakers to participate.
	bers must weigh between 40lbs – 250lbs.
All Clim	bers must ask and obtain permission to step into the climbing zone and to start climbing. bers must listen to and follow all instructions of the Climbing Master/Coach as well as the inselors/staff.
	no do not comply with these regulations will not be permitted to participate. Repeated will result in zero participation for the entirety of camp duration.
Signatures	
Parent/Guardian	Signature Date

Phone _____

Printed Name: