

CAMP CEDAR CREST 2018 REGISTRATION

Camper Name: _____

Date of Birth: _____

Fall 2018 Grade: _____

Family e-mail: _____

** ALLERGIES**: _____

Dietary Restrictions: _____

Questions: tmoen@cedarcrestacademy.com or 248.625.7270

There is no reimbursement for missed days. Payment is due in advance of camp.

✓ check boxes to indicate your selections		Spanish Immersion 6/25 — 6/29	CLOSED 7/2 — 7/6	7/9 — 7/13 Lego Minecraft, Gamers & Lego	7/16 — 7/20 Fishing & Kayaking	7/23 — 7/27 Lego Minecraft, Gamers &	7/30 — 8/3 Science Camp	8/6 — 8/10 Creative Construction	8/13 — 8/17 Science Camp & Derby	8/20 — 8/24 Coding Camp
Morning Camps (5 days/wk., 9 a.m. - 12 p.m.)	\$150/wk.									
Outdoor Adventure (5 days/wk., 1-4 p.m.)	\$125/wk.									
Academic Prep—K-3 (T/Th, 1-4 p.m.)	\$60/wk.									
Outdoor Adventure (M/W/F, 1-4 p.m.)	\$75/wk.									
FULL WEEK Morning Camp (M-F) + Outdoor Adventure (M-F)	\$275/wk.									
FULL WEEK Morning Camp (M-F) + Outdoor Adventure (M/W/F) + Academic Prep (T/TH)	\$285/wk.									
C.I.T. Camper (grades 6-8) Limited Space	Half Price Camps									
Before & After Care (7:30 a.m.- 5:30 p.m.)	\$5.75/hr.									
Pizza Fridays cheese or pepperoni	\$1.75/ slice Qty. _____									
TOTALS										

Summer 2018 Child Information Card

Cedar Crest Academy | 8970 Dixie Highway | Clarkston, Michigan 48348

Name of Child (Last, First, Middle Initial)		Name of Parents/Guardians	
Allergies		Address (Number and Street)	
Child's Date of Birth	Home Phone Number	City, State, Zip	
Parent/Guardian Location When Child Is In School		Office Number	Cell Number
Address (Number and Street)		City, State, Zip	
Parent/Guardian Location When Child Is In School		Office Number	Cell Number
Address (Number and Street)		City, State, Zip	

PERSON OTHER THAN PARENT TO BE NOTIFIED IN EMERGENCY SITUATION WHEN PARENT IS NOT AVAILABLE

Name	Phone Number	Cell Number
Address (Number and Street)		City, State, Zip

NAME(S) OF PERSON(S) OTHER THAN PARENT TO WHOM CHILD CAN BE RELEASED

1.	Phone Number
2.	Phone Number
3.	Phone Number
4.	Phone Number

I hereby give permission to CEDAR CREST ACADEMY to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

Signature of Parent or Guardian		Date Signed
Name of Child's Physician or Health Clinic	Office Hours	Phone Number
Hospital Preferred for Emergency Treatment	Health Insurance Identification Information	

Cedar Crest Academy prohibits discrimination or harassment of any person on the basis of race, color, national origin, religion, sex, gender identity, physical or mental disability, ancestry, marital status, age, sexual orientation, or citizenship.

Indemnity and Release Form

The undersigned is the parent or legal guardian of (child's name) _____ who is a minor. The undersigned authorizes minor child to voluntarily participate in camps at Cedar Crest Academy. In consideration for being permitted to participate in camps at Cedar Crest Academy, in the city of Clarkston, the state of Michigan, and country of United State of America, beginning the 25th day of June 2018, I, the undersigned, fully recognizing the dangers and hazards inherent in camps at Cedar Crest Academy, and any related transportation, including personal injury, property damage, or wrongful death, as well as the unknown dangers and hazards which may arise in the course of my minor child's participation in camps at Cedar Crest Academy, do hereby voluntarily:

Agree, for myself, my heirs and my personal representative, to defend, hold harmless, indemnify, release and forever discharge, to the broadest extent allowed by law, Cedar Crest Academy, its trustees, officers, employees, agents, insurers, successors, assigns, from and against any and all claims, demands, actions, or causes of action on account of any damage to real or personal property or any personal injury or death that may result from my minor child's participation in camps at Cedar Crest Academy.

I have read this release, I understand it fully, I understand that it is legally binding, and I understand that, among other things, I am agreeing to indemnify Cedar Crest Academy, for injuries, damages or losses I may cause and giving up rights to sue Cedar Crest Academy for injuries, damages or losses I may incur.

Printed Name(s) (Minor Child(ren))

Printed Name (Parent/Guardian)

Signature of Parent/Guardian