



## Summer Rec Camp Program Registration

City of Cheyenne Recreation Division  
1317 Parsley Boulevard | 307-637-6423

### Child 1

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Shirt Size (Circle One): Youth S M L Adult S M L

### Child 2

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Shirt Size (Circle One): Youth S M L Adult S M L

### Child 3

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Shirt Size (Circle One): Youth S M L Adult S M L

### Primary Guardian *(Name on account)*

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

### Secondary Guardian

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

### Emergency Contact *(in event guardians cannot be reached)*

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

Relationship to child: \_\_\_\_\_



## Summer Rec Camp Program Registration

Medical Information & Release Authorizations

Please list any physical/mental disabilities, allergies, asthma, or other conditions your child(ren) may have that our staff should be aware of (please note which child is affected):

Is/Are your child(ren) currently taking or have taken any long-term medications? If yes, please list medications below. If not, please leave box blank. *Any medications given to children by the Summer Rec Camp staff will need to come in original packaging and a medical form must be completed in advance.*

### Release Authorization *(additional adults authorized to pick up your child(ren))*

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Participants are placed in groups by the grade they finished in the current school year (not the grade they are going into). Guardians may request a child be placed into a specific group and we will try our best to accommodate the request. Please try to place my child in the same group as:

Name(s) of child(ren):



## Summer Rec Camp Program Registration

Policies, Participant Code of Conduct, & Parent Release

The City of Cheyenne intends to operate its Summer Rec Camp Program in a manner that will be safe and enjoyable for all program participants and supervisory personnel. Therefore, participants must refrain from all activities which could hurt other people, including inappropriate physical contact such as roughhousing, pushing, shoving, striking, pulling, kicking, biting, or similar actions and other activities which supervisors find to be unacceptable.

As guardians of the Summer Rec Camp participants, we agree a violation of this policy can cause immediate expulsion from the Summer Rec Camp Program or other disciplinary action. We recognize participants who engage in such actions may be liable to injured parties and the City for damage or injuries which they cause.

In consideration of accepting my child(ren)'s registration for the Summer Rec Camp Program, the risks of which I am aware, I hereby waive, release, and discharge for myself, family member, heirs, personal representatives, and assigns all rights and claims for damages against the City of Cheyenne, its officers, employees, volunteers, and agents which might occur during my child(ren)'s participation in such activities. In registering for this activity, I and/or the participant do grant permission for pictures to be used in publicity or brochures related to the Cheyenne Community Recreation and Events.

I understand I must pay a deposit of \$200 per child at registration that will apply to the overall cost of the program. I acknowledge that the Summer Rec Camp is \$1,300 per child for the summer and agree to pay in full by June 5th. By signing below, I acknowledge that the deposit for this program is non-refundable and non-transferable if I choose to withdraw my child from the program. It is my understanding that the program provides snacks for participants which I also understand if my child(ren) will not eat the provided snacks, I will provide these items for my child(ren).

I acknowledge I have read and understand the above policy and knowingly and voluntarily agree to be bound by these terms and conditions. I also acknowledge I have explained this policy to my child(ren).

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



## Summer Rec Camp Program Registration

### Summer Rec Camp Payment Agreement

The program cost is \$1,300/child. A \$200 deposit per child is due at registration (applied to the balance of the program). The deposit is non-refundable/non-transferrable. We do not offer multiple child discounts. *You are required to select a payment plan below at registration.*

**Installment Billing Details:** *Choose one payment option below.*

Installment billing will consist of four payments of the exact same amount to be charged to your credit card or personal banking card for payment of the Summer Rec Camp program. These payments will be charged to your account during the months of March, April, May and June. All four payments will be for \$325 per child. The first payment in March will cover the \$200 deposit due at registration. To set up installment billing you will need to speak with someone at the Kiwanis Community House and select that form of payment below in the payment options section. For further questions please call 307-637-6423.

- Payment Option #1: Pay in Full at Registration**
- Payment Option #2: Installment Billing**  
*(must be set up with an employee at the Kiwanis Community House before March 31)*
- Payment Option #3:**  
Deposit due upon registration: \$200  
Payment Due May 1: \$550  
Payment Due June 1: \$550
- Payment Option #4:**  
Deposit due upon registration: \$200  
Payment Due April 1: \$366.67  
Payment Due May 1: \$366.67  
Payment Due June 1: \$366.66

Payment must be paid using a check, cash, or by making a one-time payment with a credit card at the Kiwanis Community House.

I acknowledge by choosing any of these options, I'm responsible for making a payment by the provided dates for my child(ren) to stay enrolled in the 2020 Summer Rec Camp program. I also acknowledge that I understand the program late fee policy which states if my balance is 30 days past due, my account will automatically receive a \$30 late fee charge which will be based off the payment plan I select above. By signing below, I acknowledge that I agree to these terms.

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