

DCC Mini Morning Registration Form

Camper #1

First _____ Middle _____ Last _____
Gender: **Male** **Female** Birthdate ____/____/____ Age (as of June 1, 2024) _____
T-Shirt Size: **XS SM M L XL** Select One: **Youth / Adult**

Camper #2

First _____ Middle _____ Last _____
Gender: **Male** **Female** Birthdate ____/____/____ Age (as of June 1, 2024) _____
T-Shirt Size: **XS SM M L XL** Select One: **Youth / Adult**

Camper #3

First _____ Middle _____ Last _____
Gender: **Male** **Female** Birthdate ____/____/____ Age (as of June 1, 2024) _____
T-Shirt Size: **XS SM M L XL** Select One: **Youth / Adult**

Parent/Guardian - Contact Information

Parent/Guardian #1

First Name _____ Last Name _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Primary Phone _____
Secondary Phone _____ E-mail _____

Parent/Guardian #2

First Name _____ Last Name _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Primary Phone _____
Secondary Phone _____ E-mail _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

Full Name _____ Primary Phone _____
Secondary Phone _____ Email _____
Relation to Child _____

Emergency Contact #2

Full Name _____ Primary Phone _____
Secondary Phone _____ Email _____
Relation to Child _____

Please list those people in addition to parents/guardians who are permitted to pick-up your child:

1: _____ 2: _____ 3: _____

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CAMP WEEK: (Please check all that apply)

- Week #2 – June 17th
- Week #3 – June 24th
- Week #6 – July 15th
- Week #7 – July 22nd
- Week #10 – August 12th
- Week #11 – August 19th

Please be advised that the camper must be an active DCC Member to qualify for the Member Rates.

- Full Week, Half Day - \$175 (DCC Member)
- Full Week, Half Day - \$225 (Guest)

<input type="radio"/> Daily Rate - \$60 (DCC Member) <ul style="list-style-type: none">▪ Circle Days Attending: Monday Tuesday Wednesday Thursday Friday
<input type="radio"/> Daily Rate - \$85 (Guest) <ul style="list-style-type: none">▪ Circle Days Attending: Monday Tuesday Wednesday Thursday Friday

- Before Care - \$25/Day (7:30 AM – 8:30 AM)

Extended Care is only available for Mini Mornings/Sports Camp attendees. We cannot transport children from Before Care to Golf or Tennis Half-Day Camps at the DuPont Country Club.

Please select all days & that you will need Before Care.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Discounts! (Each discount must be clearly marked to be applied)

Discounts are only applicable for FULL WEEK (Monday – Friday) enrollment.

- Sibling - \$15 off/week
- Multi-Weeks - \$15 off/week
- Sign-up by April 1st – get an extra \$10 off/week!

Please be advised that discounts will not be retroactively applied.

Payment Information

Charge to active DCC Membership:

Name on Account: _____

Member Number: _____

Charge to My Credit Card: All credit card transactions will be assessed a 2% processing fee.

Name on Card: _____

Card Type: **VISA MASTERCARD AMERICAN EXPRESS DISCOVER OTHER:** _____

CC# _____ EXP. _____

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Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____
 Primary Physician _____ Address _____
 Phone _____

Please list any current medical conditions, including any requiring maintenance medication (i.e., Diabetic, Asthma, Seizures).

<u>Medical Condition</u>	<u>Required Treatment</u>	<u>Should paramedic be called?</u>	
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?
 Yes ___ No ___ If yes, explain: _____

Is your child allergic to any type of **food** or **medication**?
 Yes ___ No ___ If yes, explain: _____

Does your child require a special diet?
 Yes ___ No ___ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In Case of Emergency Contacts:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. If I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent/Guardian's Initials _____

In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e., EMT, First Responder, and/or Physician). I understand that the DuPont Country Club will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent/Guardian's Initial _____

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Summer Camp Accident Waiver & Release of Liability Form

I hereby give my permission for my child _____ to participate in the DuPont Country Club Mini Mornings Half-Day Camp.

I understand that camp activities could include play and outdoor activities around and near the DuPont Country Club grounds, hikes and walks in the uneven territory wherein there could be mosquitos, bees, ticks, poison ivy, and slippery and jagged surfaces among other dangers and risks. I also understand that outdoor activities may occur in the hot sun and in the rain. I agree to see that my child is appropriately attired for camp activities, and to provide insect repellent and sunscreen for my child to use at camp. I will not expect the DuPont Country Club Camp staff to provide these items. I give my permission for DuPont Country Club Camp staff to apply or assist with the application of the repellent and sunscreen I provide.

In the event of illness, injury, and/or accident, I authorize the camp instructor or any DuPont Country Club staff member to act on my behalf. They may approve any and all non-emergency or emergency treatment and are authorized to sign any and all medical release or required form(s) on my behalf. In the event of an emergency, I understand that I will be notified of the situation as soon as practicable. I agree to pay any necessary expenses incurred in the medical treatment of my child, including, but not limited to all transportation costs to and from a medical facility, and, if necessary, transportation to my home or medical facility of choice.

I understand that the DuPont Country Club may, in its sole discretion, dismiss any camp participant for inappropriate, disrespectful, or dangerous behavior at any time. In this event, I understand that I **will not** receive a refund of camp fees for unattended days. If my child breaks or damages any property as a result of their direct or indirect behavior, I hereby agree to pay for its repair or replacement.

I understand that the risks associated with camp activities could result in injury and/or death to my child. I hereby assume these risks and, knowing them, hereby give my child permission to participate. I understand that the DuPont Country Club is not liable for any injuries or other occurrences due to indoor and outdoor camp activities or related risks, and/or the actions or omissions of DuPont Country Club & Camp counselors, volunteers, employees, directors, officers, or any other entities being released.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which my child may participate, and that it will govern the actions and responsibilities at said activity.

In consideration of my application and permitting my child to participate in this activity, I hereby:

WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the DuPont Country Club, its directors, officers, employees, camp counselors, volunteers, entities or other persons released, for my child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to them including their traveling to and from this activity;

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INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the DuPont Country Club, its directors, officers, employees, volunteers, or other entities or persons released from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise. I understand that while participating in this activity, my child may be photographed. I agree to allow their photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. The DuPont Country Club, its directors, officers, and all its employees, acting officially or otherwise are hereby released from any and all claims, **I CERTIFY THAT I HAVE READ THIS DOCUMENT FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.** demands, actions, or causes of action on account of any injury to my child that may occur. This release binds my heirs, executors, administrators, and/or assigns.

Parent/Guardian' Printed Name: _____

Parent/Guardian's Signature: _____

Date: _____

Swimming Permission Slip

Please complete this form.

This form needs to be on file before your child will be allowed to swim.

Thank you!

Please check the appropriate line for your child:

_____ **WADE POOL** – I allow my child to use the Wade Pool only. **The Wade Pool is supervised by Camp Staff during swim time.** *The Wade Pool is only for the usage of children ages 6 and below.*

_____ **I would prefer my child TO NOT SWIM** (Alternate, supervised activities will be held as option to swimming)

Parent/Guardian Signature: _____ Date: _____