



## 2025 StroudKids Camp

### Leaders in Training (LIT) Registration

-Submit two letters of reference (from non-family members) along with this registration form for consideration into the LIT program.

-An interview will take place and if selected into the program a social contract and the LIT manual signature page must be submitted along with payment before the first day.

<b>Leaders-In-Training June 16 – August 8</b>		<b>Before Care</b>	<b>All sites</b>	<b>After Care</b>
No camp July 4 <sup>th</sup> August 8 <sup>th</sup> camp ends at 12 pm		7:15 – 9:00 a.m.	9-3 p.m.	3-6 p.m.
<b>Leaders In Training</b> (ages 13-15)	<i>Select Site:</i>  ___ Dansbury Park ___ Stroudsburg Borough Park	___\$180	Paid after acceptance into program  ___\$415	___\$310

<b>Weekly rates for Before/After Care</b>			<b>Before Care</b>	<b>After Care</b>
			7:15 – 9:00 a.m.	3-6 p.m.
	1	June 16 – 20	___\$30	___\$50
	2	June 23 – 27	___\$30	___\$50
(must be paid in full the Wednesday before start date)	3	June 30 – July 3 No camp July 4 <sup>th</sup>	___\$18	___\$30
	4	July 7 – 11	___\$30	___\$50
	5	July 14 – 18	___\$30	___\$50
	6	July 21 – 25	___\$30	___\$50
	7	July 28 – August 1	___\$30	___\$50
	8	August 4 - 8 No aftercare August 8 <sup>th</sup>	___\$30	___\$40

*\*Meet & Greet - June 11<sup>th</sup> at the Dansbury Pavilion, 6-7:30 p.m.*

Age eligibility – participant’s age as of the first day of camp

Swimming activities may not take place every day due to unforeseen circumstances but an appropriate suit & towel should be brought every day

# 2025 LIT StroudKids Summer Day Camp Registration & Health Form

## PARTICIPANT

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ Date of Birth \_\_/\_\_/\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Municipality: \_\_East Stroudsburg Borough\_\_ Stroudsburg Borough\_\_ Stroud Township\_\_ other \_\_\_\_\_

Current School \_\_\_\_\_

T-shirt size: \_\_YS\_\_ YM \_\_YL\_\_ AS \_\_AM\_\_ AL \_\_AXL

## PARENT(S)/GUARDIAN(S)

\*Name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Check here if address is the same as the listed above

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer Name & Phone Number \_\_\_\_\_

\*Name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer Name and Phone Number \_\_\_\_\_

## EMERGENCY CONTACTS

Please list AT LEAST TWO emergency contacts, and all adults who are permitted to pick up child from camp (PHOTO ID REQUIRED). Stroud Region Open Space and Recreation Commission (SROSRC) has my permission to release the above named participant to the following people:

<b>NAME</b>	<b>RELATIONSHIP</b>	<b>PHONE</b>	<b>EMAIL</b>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

\*List any individual(s) who is (are) not permitted to pick up child. (A copy of the court order must be provided & please alert staff.)

## EMERGENCY MEDICAL INFORMATION

Does your child have any allergies? \_\_ NO \_\_ YES If so, what is your child allergic to? \_\_\_\_\_

Please list and explain if there are any special needs, special medical conditions, needs pertaining to allergies, or restrictions to be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child require outside services for behavior or special needs? \_\_NO\_\_ **YES, please complete the outside services form and submit with registration form.**

**AUTHORIZATIONS:**

Permission is given to SROSRC for the following *(initial all that apply)*:

- My child may participate in swimming, water activities & sporting activities
- My child may be given medication by SROSRC Staff. I understand a medication authorization letter must be completed by a prescribing physician prior to administering (including prescription and over counter medicines not needing to be administered by a nurse) (A)

Name of Medication	Strength (e.g. 50 mg)	Dosage (e.g. 1 pill/5ml)	Time to be taken	Prescribing Physician	Reason for Taking	Additional Instruction

- In an emergency, SROSRC has my permission to administer first aid (B)
- I DO NOT wish my child to have ANY medical treatment

**NOTICE OF RISK AND LIABILITY RELEASE**

1. I hereby give my permission for my child to participate in the StroudKids Summer Day Camp (“Camp”) program and activities
2. I attest that my child is in good health and in proper physical condition to participate in Camp. I have listed any activity restrictions, allergies, medications taken by the child, or any other needs on this form. Further, I agree that I will notify the staff immediately should my child’s health condition change at any time during participation in Camp. If I believe the conditions at Camp to be unsafe, I will discontinue my child’s participation and notify the appropriate staff.
3. I understand, and acknowledge that any and all rules, guidelines, and safety procedures of Camp are established for the safety and protection of all participants, including my child. I agree, on behalf of myself and my child, that we will comply with all rules and policies established by Camp, and will obey all staff, employees and assistants, of Camp and SROSRC.
4. I recognize, understand, and acknowledge that participation in Camp may involve risk and danger of serious bodily injury, permanent disability, paralysis and death.
5. I acknowledge that SROSRC prohibits the use of controlled substances, tobacco products, alcoholic beverages, and possession of weapons at all Camp locations. Failure to comply with these restrictions will result in immediate dismissal of your child from Camp with no refund of your registration fees.
6. I recognize that failure to comply with the rules and guidelines may result in immediate suspension or dismissal from Camp.
7. The staff and/or sponsors have my permission to photograph my child. I understand that these photographs may be used in promotional brochures, flyers, or news releases.
8. In consideration of my child’s participation in Camp, I the under-signed, on behalf of myself and my minor child, do hereby release, discharge, and covenant not to sue SROSRC, its directors, service providers, members, volunteers, and employees from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of SROSRC, including negligent rescue operations. I further agree that if, despite the Release, I, the minor, or anyone on the minor’s behalf makes a claim against SROSRC, I will indemnify, save, and hold harmless SROSRC from any litigation expenses, attorney fees, loss, liability, damage, or any costs that may incur as the result of any such claim.

**Program Refund Policy**

All refunds/withdrawals from a camp session must be done in writing. Refunds will be processed within 30 days of approved request. Refunds/credits will be issued as follows:

- Requests made two weeks in advance of registered week(s) will receive a full refund; minus the \$20 per week non-refundable registration deposit.
- Requests less than two weeks but more than 48 hours in advance will receive a refund of 50% of the registration fee.
- If you do not request a refund at least 48 hours before the first day of registered week(s), no refund will be granted.
- If a program is cancelled a full refund will be issued.
- In the event a child is suspended or dismissed from the camp program a refund will not be issued.

***I HAVE READ AND UNDERSTAND THE AUTHORIZATIONS, NOTICE OF RISK AND LIABILITY RELEASE, AND THE PROGRAM REFUND POLICY***

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

Camp Fee	Before Camp	After Camp	Total Due by June 11, 2025

\_\_\_ **Payment in Full:** \_\_\_ Date Received \_\_\_ Amount \_\_\_ Cash/Check/Credit Card

\_\_\_ **Payment Plan: I acknowledge that payment must be paid in full by June 11, 2025**

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

**For Office Use Only:**

Date Received	Amount Received		Cash, Check or Credit Card	Balance Remaining	Employee Initials

**Checklist of forms to be completed & turned in with application**

\_\_\_ Registration Form    \_\_\_ Outside Service Form (if applicable)    \_\_\_ 2 Letters of Reference

**Once accepted into the LIT Program**

\_\_\_ LIT Social Contract    \_\_\_ LIT Manual Signature Page    \_\_\_ Payment in Full  
 \_\_\_ LIT Permission Slip    \_\_\_ First Aid & CPR Certificate (Recommended)