

**Camp Ketcha, 336 Black Point Road, Scarborough, ME 04074
207-883-8977, 207-885-0944 (fax), www.campketcha.org**

**VACATION CAMP AND SCHOOL YEAR PROGRAM
CAMPER REGISTRATION**

Camper's Last Name _____ First _____

Birthday ____/____/____ Grade _____ Sex: M F School _____

*Parent 1 / Guardian Last Name _____ First _____

Address _____ City _____ State _____ Zip _____

Relationship _____ Home Phone _____

Work Phone _____ Cell/Pager _____

Email _____

Occupation _____ Employer _____

€ Custodial Contact € Billing Contact

Parent 2 / Guardian Last Name _____ First _____

Address _____ City _____ State _____ Zip _____

Relationship _____ Home Phone _____

Work Phone _____ Cell/Pager _____

Email _____

Occupation _____ Employer _____

€ Custodial Contact € Billing Contact

Camper Lives with: Both parents joint custody mother father other _____

In order for your camper to participate in any Camp Ketcha programs you must fill out the Health History Form . If the form is not attached you may download it off of our website at www.campketcha.org.

**Payment in full is due upon registration.
Camp Ketcha**

Camp Ketcha, 336 Black Point Road, Scarborough, ME 04074
207-883-8977, 207-885-0944 (fax), www.campketcha.org

Please list program title & dates	Additional Vacation Camp Programs:
Program _____	Please circle: Early Late Early/Late Cost \$ _____
Program _____	Please circle: Early Late Early/Late Cost \$ _____
Program _____	Please circle: Early Late Early/Late Cost \$ _____
Program _____	Please circle: Early Late Early/Late Cost \$ _____
Required Annual Membership: <input type="checkbox"/> Individual \$20 <input type="checkbox"/> Family \$50 membership year January 1- December 31	
Total number of programs _____ Total Cost \$ _____	
Payment Method: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
_____ exp. ____/____ Security Code _____	
Name as is appears on card: _____	

CANCELLATION POLICY FOR NON-SUMMER CAMP PROGRAMS: Cancellation Policy: Cancellations received in writing 3 or more weeks to the start of the program will receive a full refund minus a \$15 registration fee. Cancellations received in writing within 2 weeks of the program will receive a 50% refund of the full cost of the program. No refunds of any amount will be given with less than two weeks written notice prior to the program. Membership fees are not refundable or transferable.

I hereby grant Camp Fire USA, Camp Ketcha permission to provide my child with non-aspirin pain reliever, if staff feels it is necessary. (please circle) YES NO

The child listed above has permission to participate and engage in ALL camp activities. I understand these activities may include certain risks. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Camp Fire USA, Camp Ketcha to secure the proper treatment for my child at my expense. I also hereby give permission for photographs and other media materials to be used for promotional use for Camp Fire USA, Camp Ketcha. The terms herein shall serve as the parent/guardian authorization, release and assumption of risks for claims arising from incidents surrounding my child's participation in Camp Fire USA, Camp Ketcha programs, for my child, my spouse, my heirs, executor, administration, assignees and all other members of my family.

Parent/Guardian Signature

Date

Payment in full is due upon registration.
Camp Ketcha