



# Summer Camp Registration 2023

Come join us at the West Feliciana Parish Sports Park for a summer of fun! We offer an 9-week summer program that is sure to be a BLAST!

Ages: 6 to 11

Drop Off & Pick Up Time: 7:00A.M. to 6:00P.M.

Drop Off & Pick Location: Bains School Gym

Cost: \$175 per child/per week

Participants Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent's Phone Number: \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Male \_\_\_ or Female \_\_\_ Medical Issues Including Allergies \_\_\_\_\_

Address: \_\_\_\_\_

*In order to assure your child's safety, attach a list of all persons (including you and/or your spouse) who will be picking up your child. Include relationship to child & driver's license number.*

**\*\* We will not allow for anyone not listed (unless notified) to pick up your child.**

**PLEASE CIRCLE THE SESSIONS BEING PAID FOR:** \*\*\* will be **NO REFUND** for withdrawal from summer sessions. \*\* \*Payment must be paid in full before the start of each session. \*\* \*Camp will be Monday through Friday.

Session 1 (05/30-06/02)	Session 2 (06/05-06/9)	Session 3 (06/12-06/16)	Session 4 (06/19-06/23)
Session 5 (6/26-06/30)	Session 6 (07/03-07/07)	Session 7 (07/10-07/14)	Session 8 (07/17-07/21)
Session 9 (07/24-07/28)			

**Releases and Waivers:** In consideration of accepting this registration form, the undersigned, intending to be legally bond, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages, I, and my child, may have against the WFP School System, Bains Elementary, Bains Lower Elementary, WF Middle School, WF High School, teachers, coaches, managers, Town of St. Francisville, WFP Parish Government, WFP Parks and Recreation and all other sponsors, officials, and directors for an all claims, damages, or actions whatsoever in any manner, that are as a result of my child's participation in the WF sports Program. I ATTEST AND VERIFY THAT MY CHILD IS PHYSICALLY FIT AND HIS OR HER PHYSICAL CONDITION HAS BEEN VERIFIED BY A LICENSED MEDICAL DOCTOR. I, and my child, agree to abide by all rules, regulations, and policies set forth by the WFPPRD; a body of the WF Parish Government. Failure to follow these rules, regulations and policies will result in the dismissal of myself and my child from all facilities and programs sponsored, rented and owned by the WFPPRD and WF Parish Government; for an amount of time to be determined by the WFPPRD and Recreation Committee. As the parent/legal guardian of the above-named student, I hereby give consent for emergency medical care described by a dully licensed Doctor of Medicine or Dentistry. This care to be given under whatever conditions are necessary to preserve life, limb, or wellbeing of my dependent. The West Feliciana Parish Government request permission to use photos taken at summer camp for promotional and advertising purposes.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Summer Camp Participants Approved Pick Ups

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #: \_\_\_\_\_ Drive License #: \_\_\_\_\_

Address: \_\_\_\_\_

Vehicle Make/Model/Color/Year: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #: \_\_\_\_\_ Drive License #: \_\_\_\_\_

Address: \_\_\_\_\_

Vehicle Make/Model/Color/Year: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #: \_\_\_\_\_ Drive License #: \_\_\_\_\_

Address: \_\_\_\_\_

Vehicle Make/Model/Color/Year: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #: \_\_\_\_\_ Drive License #: \_\_\_\_\_

Address: \_\_\_\_\_

Vehicle Make/Model/Color/Year: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #: \_\_\_\_\_ Drive License #: \_\_\_\_\_

Address: \_\_\_\_\_

Vehicle Make/Model/Color/Year: \_\_\_\_\_