

CAMP ON THE MOVE, ADVENTURE AWAITS  
RECREATION PROGRAM  
CORAM, NY 11727  
(631) 494-3445  
www.campadventureawaits.com

WINTER BREAK REGISTRATION FORM

Child's Name \_\_\_\_\_ Shirt size:  
\_\_YS\_\_YM\_\_YL\_\_YXL

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

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

**ALLERGIES:** \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Cell phone# \_\_\_\_\_ Home# \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Cell phone# \_\_\_\_\_ Home# \_\_\_\_\_

Emergency Contact Person 1. \_\_\_\_\_  
Phone# \_\_\_\_\_

Emergency Contact Person 2. \_\_\_\_\_  
Phone# \_\_\_\_\_

Names of person(s) other than parent(s)/guardian(s) allowed to pick up your child:

1. \_\_\_\_\_

2. \_\_\_\_\_

All persons picking up children must be 18 years of age or older and provide identification.  
Any special instructions such as custody/restraining orders must be attached to this registration and discussed personally with the program directors. All information will be kept confidential.

★ **\$55 TUITION PER DAY**

- December 23, 2024
- December 24, 2024
- December 26, 2024
- December 27, 2024
- December 30, 2024
- January 2, 2025
- January 3, 2025

★ **BEFORE/AFTER CARE AVAILABLE ADDITIONAL \$20 PER DAY**

- Before care 8:30am drop off/After care 4:00pm pick up

**WAIVER, PERMISSION & PHOTO RELEASE:**

I, the undersigned parent/guardian, do hereby grant my son/daughter named above to attend Camp On The Move, Adventure Awaits Recreation Program. In order that my child may receive the proper medical treatment in the event that he/she may sustain injury and or illness during Camp On The Move, Adventure Awaits Recreation Program, I hereby authorize program staff to obtain or provide medical treatment for my child for such injury and or illness during the recreation program, and I hereby hold the program staff and sponsoring organizations, as well as its representatives, harmless in the exercise of the authority.

I further understand that there is always a possibility that my child may sustain physical illness and or injury while at the above said recreation program. If this occurs, I hereby authorize the program staff and its representatives to refer my child to a medical treatment center (hospital, ect.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness and or injury that he/she may sustain during the recreation program.

Understanding that there is always a possibility that my child may sustain physical illness and or injury, I acknowledge and understand that my child is assuming the risk of such physical illness and or injury, I acknowledge and understand that my child is assuming the risk of such physical illness and or injury by his/her participation, and I further release Camp On The Move, Adventure Awaits Recreation Program and its representatives from any claims for personal illness and or injury that my child may sustain during the recreation program. I further acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of Camp On The Move, Adventure Awaits Recreation Program.

I give permission for my child to travel with Camp On The Move, Adventure Awaits Recreation Program in the vehicle(s) provided.

I give permission for my child to accompany program staff on outings and field trips.

I give permission for my child to be photographed/video recorded while attending the above said recreation program.

Photos/videos will be used on social media and for advertisement.

Parent/Guardian Signature\_\_\_\_\_

Date\_\_\_\_\_

Email address:\_\_\_\_\_

**CAMP USE ONLY:**

- Registration form complete
- Registration fees paid
  - December 23, 2024
  - December 24, 2024
  - December 26, 2024
  - December 27, 2024
  - December 30, 2024
  - January 2, 2025
  - January 3, 2025