

Brooke Hills Park 140 Gist Drive Wellsburg, WV 26070
 Phone: 304-737-1236 Fax: 304-737-0354

2009 Summer Youth Camp Prices
 Ages 4-6.....\$35.00/week
 Ages 7-9.....\$75.00/week
 (*Reduced pricing for families with multiple children)

Brooke Hills Park Summer Youth Camp Registration Form

Please fill out all forms for the Summer Youth Camp program and return to the Brooke Hills Park office by June 1st. Space is limited to a first come, first serve basis.

Child's Name _____ Parent Name(s) _____
 (Child's) Gender **M** **F** Age _____ Birthdate _____ Grade _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Alternate Phone (cell/other) _____
 Emergency Contact _____ Relationship to child _____ Phone _____

Children enrolled in Camp Programs will receive a free t-shirt. Please indicate t-shirt size below:
 Youth Medium (10-12) Youth Large (14-16)
 Adult Small Adult Medium

Pre-registration is required for all programs! Forms can be downloaded from our website at <http://www.brookehillspark.org/youthcamps.html> and mailed to Brooke Hills Park. Camp programs fill quickly so register early!! Any questions email us at bhpcamper@yahoo.com

2009 Camp Themes:	Registered	Paid	Method of Payment	Date of Payment
Week 1.....West Virginia Rocks!(6/22-6/26)	_____	_____	_____	_____
Week 2.....SOS-Securing Our Safety(6/29-7/3)	_____	_____	_____	_____
Week 3.....Wild Wild West(8/3-8/7)	_____	_____	_____	_____
Week 4.....Wild About Wilderness(8/10-8/14)	_____	_____	_____	_____

The following people are authorized to pick up my child. Anyone picking up child must show Camp Pick Up Card before dismissal
 1 _____ 2 _____
*I realize that I must call Brooke Hills Park office to notify the staff if someone not listed above will be picking up my child.
 Anyone not listed above will be required to present photo ID upon arriving to pick up my child.*

This Release is made to allow my child to participate in Brooke Hills Park Summer Youth Camps. I recognize that my signature on this Release is a condition of your permitting my child to participate. I agree that you may photograph and/or videotape my child during camp and that you retain certain rights to use these visual images in any manner you wish without compensation to my child.

I certify that my child is in excellent physical health, and may participate in strenuous, physical activities at Camp. I certify that there are no physical limitations to my child's participation in Camp. However, if physical limitations do exist, I certify that I have listed those limitations on the space provided herein. Permission is granted for my child to receive emergency medial treatment if needed. I hereby release and discharge Brooke Hills Park and all of its affiliated entities, including but not limited to its successors, assigns, subsidiaries, franchises, affiliates, officers, directors, employees and agents, completely harmless and not liable, and releases them from all liability whatsoever and agree not to sue them on account or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of the child's use of or presence upon Brooke Hills Park property and facilities, including without limitation, those based on death, bodily injury, and property damage, including consequential damage.

Physical Limitations: _____

Allergies: _____

(Children attending camp with allergies/asthma: Parents must provide Epi-pen/inhalers and be with the child at all times)

I am a parent/guardian of the minor named above and I agree that the grant and release contained herein binds me and the minor to all its terms.

Parent/Guardian Signature _____ Date _____