



SUMMER DAY CAMP 2024

June 10– August 16
(no Camp July 1-5)

9 weeks of Summerfun
for Y5-6th Graders

*The Registration Fee is your child's
first week of camp attendance*

Campers must bring their own lunch (Snacks are provided)
and dress for an active day (including outdoor apparel and sunblock)

Camp Cost:

5 Days

FSZ Member \$150 (first child)
\$125 (each additional child)

5 Days

Non-Member \$200 (first child)
\$150 (each additional child)

3 Days

FSZ Member \$90 (first child)
\$75 (each additional child)

3 Days

Non-Member \$120 (first child)
\$90 (each additional child)



SUMMER DAY CAMP 2024

Week 1 (June 10-14) SAFETY Week

Week 2 (June 17-21) SPORTS Week

Week 3 (June 24-28) STEM Week

NOCAMP JULY 1-5

Week 4 (July 8-12) MUSIC Week

Week 5 (July 15-19) SPORTS Week

Week 6 (July 22-26) NATURE Week

Week 7 (July 29-August 2) CELEBRITY Week

Week 8 (August 5-9) WATER Week

Week 9 (August 12-16) SUMMER FINALE Week

FREELAND SPORTSZONE 2024 SUMMER CAMP

CHILD INFORMATION RECORD/PARENT CONSENT AND AGREEMENT

Student's grade (just completed) _____ Student Last Name _____ First _____ Date _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone _____ Gender: Male Female

Parent/Guardian Email Address _____

List any pertinent health information (medical conditions, etc.): _____

Please PRINT all information **PARENT INFORMATION - Please List Each Parent/Guardian Separately**

Child's Mother Child primarily resides at this address

Name _____
 First Middle Last

Phone #1 (____) _____

Phone #2 (____) _____

Email Address _____

Child's Father Child primarily resides at this address

Name _____
 First Middle Last

Phone #1 (____) _____

Phone #2 (____) _____

Email Address _____

Please Print all Information

EMERGENCY CONTACTS (Other than Parent/Guardian)
NOTE: Students will only be released to a parent, guardian, or emergency contact person listed.

Name _____ Relationship _____ Phone _____ Cell Phone _____

Name _____ Relationship _____ Phone _____ Cell Phone _____

Name _____ Relationship _____ Phone _____ Cell Phone _____

Name _____ Relationship _____ Phone _____ Cell Phone _____

CODE WORD (to be used if a person not listed is asked to pick up the child): _____

List any allergies – please do not leave blank, or list as "N/A." List allergies or notate with "no known allergies" or "none."

SUMMER HANDBOOK

I agree that I have read and reviewed the handbook as provided to me IN THE Registration Packet and that I will abide by the rules and policies as set forth in the handbook.

RELEASE OF LIABILITY

I understand that Freeland Community Sports Association (FCSA) & Tittabawassee Township DDA and it's departments, employees, agents, sponsors, co-sponsors, and contractors assume NO responsibility for any injury that may be suffered by the participant and that the participant assumes all risk, personal injury, loss &/or damage of property. I fully release from liability publish photographs taken of my child for use in the web-based marketing materials, well as future possible Freeland SportsZone publications. I hereby release and hold harmless Freeland SportsZone from any reasonable expectation of privacy and/or confidentiality associated with the images specified above and I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking of publication of these photographs or participation in company marketing materials or other Freeland SportsZone publications. I acknowledge and agree that publication of said photos congers no rights of ownership or of royalties whatsoever. I hereby release Freeland SportsZone, its contractors, employees, and any third parties involved in the creation or publication of marketing materials, from liability or any claims by me or any third party in connection with my participation.

INFORMATION CHANGES

I understand it is my responsibility to notify summer staff of any changes in family and/or emergency information notated on the Child Information form. Children will not be released to someone not listed.

CREDITS / REFUNDS / ABSENCES

I understand that the weekly fee that is paid is based upon enrollment, not attendance. There are no credits or refunds for absences/non-attendance.

SCHEDULES & PAYMENTS

I understand that paper schedules/payments are due each week no later than 6 pm each Thursday. Paper schedules payments turned in after 6 pm on Thursday will incur a \$20 late fee.

*LATE PICK UP POLICY

I understand that the summer camps close each day at 5 pm and a late pickup will incur a late fee of \$20 after 5:30 PM per occurrence.

TURNING IN SCHEDULES

I understand schedules/payments must be turned in weekly for each child. Child(ren) cannot attend without a schedule and payment. If a child comes to the program without a schedule, the parent/guardian will be called to come and pick up the child(ren).

I have read all of the above permissions and by signing below, I agree to all of the items checked.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

2024 FSZ SUMMER ACTIVITIES CAMP Weekly **Schedule & Payment**

****Please note that you must have completed a **registration form** and paid the registration fee prior to submitting a schedule. Daily fees are for **enrollment**, not attendance.**

There are no credits/refunds for unused or absence days.

CHILD'S NAME: _____ (grades Y5-2) (grades 3-6)

Please check the days you want to schedule for the week. Leaving box blank means not attending.

Week of:	Mon ____/____	Tues ____/____	Weds ____/____	Thurs ____/____	Fri ____/____	Child Total
Child's Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child's Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child's Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*** non-refundable; non-transferable**

Total Due

\$

A \$20 late fee is charged for any late schedule or payment.

PLEASE MAKE ALL CHECKS PAYABLE TO FCSA.

Payment in the form of Check, Credit Card or cash must be received with this paper schedule.

ALL payments with paper schedules are due each **Thursday BY 6 PM.**

FEE STRUCTURE

(there is a discount for additional family members.)

Days	First Child	Each Additional Family Member
5 Days	MEMBER \$150	MEMBER \$125
3 Days	MEMBER \$ 90	MEMBER \$75
5 Days	NONMEMBER \$ 200	NONMEMBER \$150
3 Days	NONMEMBER \$ 120	NONMEMBER \$90

OFFICE USE ONLY

Payment Enclosed: Date Rec'd: _____ \$ _____ Credit Card \$ _____ Cash \$ _____ Check # _____