

# Camp I Like You

## REGISTRATION

### Camper's Name:

Age:

Allergies:

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### Guardian Name(s):

Phone Number:

Email:

### Emergency Contact

Name:

Phone Number:

Relationship to child:

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### Camp Rules & Agreements

1. Be Safe

2. The Golden Rule:

*treat others as you want to be treated*

\*please ensure your child understands and consents to camp rules & agreements

\* camper initials: \_\_\_\_\_

### Photo Release

**Yes**, I agree to have photos of my child's camp experience taken. I understand I will not receive compensation and that the photos may be shared on the Camp Facebook, flyer, parent texts or other social media.

Initial: \_\_\_\_\_

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### Liability Waiver

In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance Camp I-Like-You at 628 Lower Kula, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

### Parental Consent (Complete if applicant is under 18)

I give consent for my child \_\_\_\_\_ to participate in the above activities, and I execute the above liability release on their behalf.

### Consent for Treatment

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that "Camp I-Like-You" will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Camper Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

9am-3pm  
Early and Late Drop-off available  
(\*additional costs apply)

Camp Cost: 3 Tier Payment: \$265/  
wk, \$305.00/wk, or \$365/wk  
\$75/day rate M T W Th F

\$100 deposit secures your spot

Camp Contact:  
campilikeyou@gmail.com

DROP OFF TIME: 9-9:15am  
PICK UP TIME: 2:45-3pm

Location: 628 Lower Kula Rd  
\*Unless previous arrangements  
have been made, PLEASE let us  
know if you are running late.

Camp Counselor Contact:  
Aylah-845-641-8408\*

### WHAT TO BRING "camp kit"

1. Close-toe shoes
2. Sun protection (hat & sunscreen)
3. Reusable water bottle
4. Brown bag lunch
5. Swim suit, towel, change of clothes