



SUMMER CAMP PROGRAMS 2019 REGISTRATION PACKET

- Please complete entire packet. Print legibly.
- Students are accepted on a first-come, first-served basis. Please scan and email to monica@desmoinessocialclub.org OR mail this form to the Des Moines Social Club, 900 Mulberry Street, Des Moines IA 50309 as soon as possible.
- If you have any questions please email monica@desmoinessocialclub.org
- **Please let us know of any known allergies or medical conditions prior to camp start date**

STUDENT #1 INFORMATION			
Student Name:			
Student Age:		Gender:	
School:		Grade (Upcoming):	
Birth Date:			
STUDENT #2 INFORMATION			
Student Name:			
Student Age:		Gender:	
School:		Grade (Upcoming):	
Birth Date:			
ENROLLMENT INFO			
Camp Name(s):			\$
<i>Tax- Deductible Donation to the Des Moines Social Club</i>	<i>Optional</i>		\$
TOTAL AMOUNT DUE			\$
PAYMENT			
<i>Please select payment method</i>			
1. Check Enclosed (payable to The Des Moines Social Club)			<input type="checkbox"/>
2. Online Payment (Date of Payment: _____)			<input type="checkbox"/>
3. Charge my Visa or MasterCard (Please indicate which):			<input type="checkbox"/>
Card #:			Exp:

CVV:	Billing Zip Code:
Signature:	Date:
<i>All cancellations and refund requests must be submitted in writing at least 7 days in advance of the camp start date. Refunds will be issued at the discretion of the Des Moines Social Club.</i>	

PARENT/GUARDIAN INFORMATION		
Parent/Guardian #1		
Name:		
Cell Phone:		
Work Phone:		
Home Address:		
Email:		
Employer/Occupation:		
Parent/Guardian #2 (Optional)		
Name:		
Cell Phone:		
Work Phone:		
Home Address:		
Email:		
Employer/Occupation:		
Other People Allowed to Pick Up Your Child		
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
EMERGENCY INFORMATION		
<i>Please inform The Des Moines Social Club immediately of any changes to this information.</i>		
Emergency Contact #1		
Name:		
Cell Phone:		
Work Phone:		
Home Address:		

Relationship to child:	
Emergency Contact #2	
Name:	
Cell Phone:	
Work Phone:	
Home Address:	
Relationship to child:	
Emergency Contact #3	
Name:	
Cell Phone:	
Work Phone:	
Home Address:	
Relationship to child:	
Medical Information	
Doctor to call at expensed of parent/guardian:	
Phone number:	
Dentist to be called at expense of parent/guardian:	
Phone number:	
Hospital to be sent to in case of emergency:	
Allergies:	
Medications:	
Special Needs or Other Concerns:	
<i>Any medication to be dispensed during Summer Camp Programs must be brought in the prescription container with written directions on how to dispense the medication. Over-the-counter medications may only be given with a doctor's written permission.</i>	
CAMP TERMS	
<p>If accepted to DMSC's Summer Camp Programs, I agree to follow the Camp rules and regulations. I understand that violation of camp rules and regulations or failure to disclose pertinent medical or psychological information may result in expulsion from the Camp and forfeiture of any fees paid. Des Moines Social Club has a zero-tolerance policy regarding alcohol, drugs, theft, weapons, and vandalism. Students found in violation of this policy will be sent home immediately and unconditionally. I understand that photographs may be taken during camp activities and I authorize Des Moines Social Club to use the photographs for promotional materials. I understand that enrollment is on a first-come, first-served basis and that a camp liability waiver must be completed and returned to Des Moines Social Club prior to arrival. I also understand that acceptance to the camp may be denied due to the</p>	

Camp's inability to accommodate certain conditions, including but not limited to camp capacity, instrumentation requirements, or behavioral concerns. I understand that camp begins at 9:00am and could go as late as 4pm and if children are subject to getting dropped off early or picked up late the parent will be charged the before/after care fee of \$75. For refund and cancellation policy please contact monica@desmoinessocialclub.org

Student Signature _____ **Date:** _____

Parent/Guardian's Signature _____ **Date:** _____