Camp Director, Dave Burton 215.694.2276 lifesseedsorg@gmail.com



## 2024 LIFESEEDS SUMMER CAMP REGISTRATION FORM

FOR CAMPERS 6-15 YRS OLD • 9AM-3PM

Complete & Return to: LifeSeeds, P.O. Box 167, Jenkintown, PA, 19046

Camper:		s	☐ Prefer Not to Answer
Age: Grade: (in Fall) DOB:/_ /			
Address:	_ City:	State:	_ Zip Code:
Select a Shirt Size: youth sizes: YS YM YL YXL (When in doubt, choose the larger size.)	adult sizes: AS AM AL X	(L XXL	
List all Medical and Allergy Concerns:			
CONTACTS:			
PARENT/GUARDIAN 1:	PH #:		
E-MAIL:	Alt PH #:		
PARENT/GUARDIAN 2:			
E-MAIL:	Alt PH #:		
ALTERNATE CONTACT:			
Relationship to Camper:			
All additional people authorized to pick-up your camper. Provi	ide name, relationship, and ph# if p		
2)			
3)			
4)			

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CAMPER NAME:
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# REGISTER MY CAMPER FOR THE FOLLOWING WEEK(S):

Select ONE sport each week.

LOCATION: ARCADIA UNIVERSIY						
	SESSION ONE: 、 Basketball □	JULY 1-5, 2024 Football □	(4 DAYS ONLY/0 Lacrosse □	CLOSED ON JUL QuickBall □	. <b>Y 4)</b> Soccer □	Tennis 🗖
	BESSION TWO:	JULY 8-12, 202 Football □	<b>4</b> Lacrosse □	QuickBall 🖵	Soccer 🖵	Tennis 🗖
	BESSION THREE Basketball	i: <b>JULY 15-19,</b> i Football <b>□</b>	<b>2024</b> Lacrosse <b>□</b>	QuickBall 🖵	Soccer 🗖	Tennis 🗖
	SESSION FOUR: Basketball 🚨	JULY 22-26, 20 Football ☐		QuickBall 🖵	Soccer 🖵	Tennis 🗖
*	SESSION FIVE: Resketball   ketball: Children 8 y	Football 🖵	<b>IG 2, 2024</b> Lacrosse <b>□</b>	QuickBall 🖵	Soccer 🖵	Tennis 🗖

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# **OPTIONAL EXTENDED CARE**

SIGN UP NOW OR PAY DAILY AS NEEDED BEFORE CARE - CAMPER EARLY DROP OFF FROM 7:30 A.M 8:45 A.M., M-F: \$10 A DAY PER CAMPER AFTER CARE - CAMPER LATE PICK UP BETWEEN 3:00 P.M 4:00 P.M., M-F: \$10 A DAY PER CAMPER					
LOCATION: ARCADIA UNIVERSITY					
SESSION ONE: JULY 1-5, 2024					
BEFORE CARE	MON □	TUES 🗆	WED 🗅	7/4 CLOSED	FRI 🗆
AFTER CARE	MON □	TUES 🗅	WED 🗆	7/4 CLOSED	FRI 🗆
SESSION TWO: JULY 8-12, 2024					
BEFORE CARE	MON □	TUES 🗆	WED 🗖	THUR 🗆	FRI 🗆
AFTER CARE	MON □	TUES 🗖	WED 🗖	THUR 🗅	FRI 🗆
SESSION THREE: JULY 15-19, 2024					
BEFORE CARE	MON □	TUES 🗆	WED 🗆	THUR 🗅	FRI 🗆
AFTER CARE	MON □	TUES 🗖	WED 🗆	THUR 🗖	FRI 🗅
SESSION FOUR: JULY 22-26, 2024					
BEFORE CARE	MON □	TUES 🗆	WED 🗖	THUR 🗅	FRI 🗆
AFTER CARE	MON □	TUES 🗖	WED 🗖	THUR 🗅	FRI 🗆
SESSION FIVE: JULY 29 - AUGUST 2, 2022					
BEFORE CARE	MON □	TUES 🗆	WED 🗖	THUR 🗆	FRI 🗆
AFTER CARE	MON □	TUES 🗆	WED 🗆	THUR 🗆	FRI 🗆

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CAMPER NAME:
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#### **PAYMENT**

OR

☐ I would like to pay by SQUARE INVOICE 1

If paying by SQUARE INVOICE, provide email to send PAYMENT LINK:

Please make checks payable to **LIFESEEDS** and mail with registration form(s) to:

### LifeSeeds Summer Camp, P.O. Box 167, Jenkintown, PA, 19046

A minimum \$50 non-refundable deposit for each session is due <u>now</u> to confirm registration. This deposit is included in the cost of camp not in addition to cost. Remaining balance is due ON or BEFORE the first day of camp. FOR WALK-INS, FULL payment is required when registering first day of camp. Receipt will be e-mailed.

2024 CAMP COSTS
PRE- REGISTRATION - REGISTER BY DEC 31, 2023 ONE WEEK = \$350 (WEEK 1 PRORATED TO \$300)
EARLY REGISTRATION - REGISTER JAN 1, 2024 THRU MAY 1, 2024 ONE WEEK = \$365 (WEEK 1 PRORATED TO \$310)
REGISTRATION - REGISTER AFTER MAY 1, 2024:  ONE WEEK = \$385 (WEEK 1 PRORATED TO \$320)
<u>ADDITIONAL</u> SIBLINGS WILL RECEIVE A \$10 DISCOUNT <u>EACH</u> WEEK. (THIS DOES NOT APPLY TO FIRST CAMPER.)
Payment enclosed \$  (MINIMUM \$50 DEPOSIT PER WEEK REQUIRED AT THIS TIME TO CONFIRM REGISTRATION)

1. We will send an email with link to pay securely online by credit card using SQUARE INVOICE. A 3% PROCESSING FEE IS ADDED FOR ALL SQUARE PAYMENTS.

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# TO BE COMPLETED BY PARENTS/GUARDIANS FOR ALL CAMPERS ATTENDING LIFESEEDS SUMMER CAMP

Complete & Return to: LifeSeeds, P.O. Box 167, Jenkintown, PA, 19046

# Parent/Guardian Permission and Waiver of Liability

I/we hereby give consent for the above camper to participate in the LifeSeeds Summer Sports Camp(s). In consideration of acceptance of this application, I/we, intending to be legally bound, hereby, for ourselves, heirs, executors, and administrators, waive and release all rights and claims that might arise against LifeSeeds, and the persons and organizations affiliated with the camp. I/we further attest that the above camper is physically fit and has been examined by a physician. I/we give permission for LifeSeeds to provide immediate and reasonable emergency care should it be required. Every attempt will be made to notify parents.

Name (please print)	Signature	Date
of above camper(s) during L only be used in the LifeSeed withdraw permission for use	ease to LifeSeeds, LLC to use any phosifeSeeds Summer Camp. The phosis website or LifeSeeds promotions of photos or video footage of above SREE to give permission for use of DT give permission for use of photos	tos and videotape material will al material. I may at any time ve camper to LifeSeeds, LLC.
Name (please print)	Signature	Date

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