

Camp Director, Dave Burton
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Camp held at: **Arcadia University**
Enter at Kuch Athletic Center
450 S Easton Rd, Glenside, PA 19038

2025 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: _____ ☐ M ☐ F ☐ Identify as _____ ☐ Prefer Not to Answer

Age: ____ Grade: ____ (in Fall) DOB: __/__/__

Address: _____ City: _____ State: ____ Zip Code: _____

Select a Shirt Size: youth sizes: YS YM YL YXL adult sizes: AS AM AL XL XXL

(When in doubt, choose the larger size.)

List all Medical and Allergy Concerns: _____

CONTACTS:

PARENT/GUARDIAN 1: _____ PH #: _____

E-MAIL: _____ Alt PH #: _____

PARENT/GUARDIAN 2: _____ PH #: _____

E-MAIL: _____ Alt PH #: _____

ALTERNATE CONTACT: _____ PH #: _____

Relationship to Camper: _____

All additional people authorized to pick-up your camper. Provide name, relationship, and ph# if possible.

1) _____

2) _____

3) _____

4) _____

CAMPER NAME: _____

REGISTER MY CAMPER FOR THE FOLLOWING WEEK(S):

Select ONE sport each week.

LOCATION: ARCADIA UNIVERSITY

☐ **SESSION ONE: JUNE 30 - JULY 3, 2025 (4 DAYS ONLY/CLOSED JULY 4)**

*Basketball ☐ Football ☐ Lacrosse ☐ QuickBall ☐ Soccer ☐ Tennis ☐

☐ **SESSION TWO: JULY 7-11, 2025**

*Basketball ☐ Football ☐ Lacrosse ☐ QuickBall ☐ Soccer ☐ Tennis ☐

☐ **SESSION THREE: JULY 14-18, 2025**

*Basketball ☐ Football ☐ Lacrosse ☐ QuickBall ☐ Soccer ☐ Tennis ☐

☐ **SESSION FOUR: JULY 21-25, 2025**

*Basketball ☐ Football ☐ Lacrosse ☐ QuickBall ☐ Soccer ☐ Tennis ☐

☐ **SESSION FIVE: JULY 28 - AUG 1, 2025**

*Basketball ☐ Football ☐ Lacrosse ☐ QuickBall ☐ Soccer ☐ Tennis ☐

☐ **SESSION SIX: AUG 4 - AUG 8, 2025**

*Basketball ☐ Football ☐ Lacrosse ☐ QuickBall ☐ Soccer ☐ Tennis ☐

(*Basketball: Children 8 years and older)

CAMPER NAME: _____

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: JUNE 30-JULY 3, 2025 (MON-THUR; FOUR DAYS ONLY)

BEFORE CARE	MON <input type="checkbox"/>	TUES <input type="checkbox"/>	WED <input type="checkbox"/>	THUR <input type="checkbox"/>	CLOSED FRIDAY
AFTER CARE	MON <input type="checkbox"/>	TUES <input type="checkbox"/>	WED <input type="checkbox"/>	THUR <input type="checkbox"/>	CLOSED FRIDAY

SESSION TWO: JULY 7-11, 2025

BEFORE CARE	MON <input type="checkbox"/>	TUES <input type="checkbox"/>	WED <input type="checkbox"/>	THUR <input type="checkbox"/>	FRI <input type="checkbox"/>
AFTER CARE	MON <input type="checkbox"/>	TUES <input type="checkbox"/>	WED <input type="checkbox"/>	THUR <input type="checkbox"/>	FRI <input type="checkbox"/>

SESSION THREE: JULY 14-18, 2025

BEFORE CARE	MON <input type="checkbox"/>	TUES <input type="checkbox"/>	WED <input type="checkbox"/>	THUR <input type="checkbox"/>	FRI <input type="checkbox"/>
AFTER CARE	MON <input type="checkbox"/>	TUES <input type="checkbox"/>	WED <input type="checkbox"/>	THUR <input type="checkbox"/>	FRI <input type="checkbox"/>

SESSION FOUR: JULY 21-25, 2025

BEFORE CARE	MON <input type="checkbox"/>	TUES <input type="checkbox"/>	WED <input type="checkbox"/>	THUR <input type="checkbox"/>	FRI <input type="checkbox"/>
AFTER CARE	MON <input type="checkbox"/>	TUES <input type="checkbox"/>	WED <input type="checkbox"/>	THUR <input type="checkbox"/>	FRI <input type="checkbox"/>

SESSION FIVE: JULY 28 - AUG 1, 2025

BEFORE CARE	MON <input type="checkbox"/>	TUES <input type="checkbox"/>	WED <input type="checkbox"/>	THUR <input type="checkbox"/>	FRI <input type="checkbox"/>
AFTER CARE	MON <input type="checkbox"/>	TUES <input type="checkbox"/>	WED <input type="checkbox"/>	THUR <input type="checkbox"/>	FRI <input type="checkbox"/>

SESSION SIX: AUG 4 - AUG 8, 2025

BEFORE CARE	MON <input type="checkbox"/>	TUES <input type="checkbox"/>	WED <input type="checkbox"/>	THUR <input type="checkbox"/>	FRI <input type="checkbox"/>
AFTER CARE	MON <input type="checkbox"/>	TUES <input type="checkbox"/>	WED <input type="checkbox"/>	THUR <input type="checkbox"/>	FRI <input type="checkbox"/>

CAMPER NAME: _____

PAYMENT

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 now 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.

2025 CAMP COSTS

PRE- REGISTRATION - REGISTER BY DEC 31, 2024

ONE WEEK = \$370 (WEEK 1 PRORATED TO \$310)

EARLY REGISTRATION - REGISTER JAN 1, 2025 THRU APRIL 1, 2025

ONE WEEK = \$380 (WEEK 1 PRORATED TO \$320)

REGISTRATION - REGISTER AFTER APRIL 1, 2025:

ONE WEEK = \$395 (WEEK 1 PRORATED TO \$330)

ADDITIONAL SIBLINGS WILL RECEIVE A \$10 DISCOUNT EACH WEEK. (THIS DOES NOT APPLY TO FIRST CAMPER.)

☐ Payment enclosed \$ _____

(MINIMUM \$50 DEPOSIT PER WEEK REQUIRED AT THIS TIME TO CONFIRM REGISTRATION)

OR

☐ I would like to pay by SQUARE INVOICE ¹

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

1. We will send an email with link to pay securely online by credit card using SQUARE INVOICE.
A 3.3% + .30 PROCESSING FEE IS ADDED FOR ALL SQUARE PAYMENTS.

CAMPER NAME: _____

**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

Photography/Video Release

I/We hereby give permission to LifeSeeds, LLC to use any photos or videotape material taken of above camper(s) during LifeSeeds Summer Camp. The photos and videotape material will only be used in the LifeSeeds website or LifeSeeds promotional material. I may at any time withdraw permission for use of photos or video footage of above camper to LifeSeeds, LLC.

☐ I DO AGREE to give permission for use of photos/videos

☐ I DO NOT give permission for use of photos/videos

Name *(please print)*

Signature

Date