

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

2026 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 UNIVERSIY

SESSION ONE: JUNE 29 - JULY 3, 2026

*Basketball Football Lacrosse QuickBall Soccer Tennis

SESSION TWO: JULY 6-10, 2026

*Basketball Football Lacrosse QuickBall Soccer Tennis

SESSION THREE: JULY 13-17, 2026

*Basketball Football Lacrosse QuickBall Soccer Tennis

SESSION FOUR: JULY 20-24, 2026

*Basketball Football Lacrosse QuickBall Soccer Tennis

SESSION FIVE: JULY 27 - 31, 2026

*Basketball Football Lacrosse QuickBall Soccer Tennis

SESSION SIX: AUG 3 - AUG 7, 2026

*Basketball Football Lacrosse QuickBall Soccer Tennis

*Basketball: Camper must be 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 29 - JULY 3, 2026

BEFORE CARE MON TUES WED THUR FRI

AFTER CARE MON TUES WED THUR FRI

SESSION TWO: JULY 6-10, 2026

BEFORE CARE MON TUES WED THUR FRI

AFTER CARE MON TUES WED THUR FRI

SESSION THREE: JULY 13-17, 2026

BEFORE CARE MON TUES WED THUR FRI

AFTER CARE MON TUES WED THUR FRI

SESSION FOUR: JULY 20-24, 2026

BEFORE CARE MON TUES WED THUR FRI

AFTER CARE MON TUES WED THUR FRI

SESSION FIVE: JULY 27 - 31 2026

BEFORE CARE MON TUES WED THUR FRI

AFTER CARE MON TUES WED THUR FRI

SESSION SIX: AUG 3 - AUG 7, 2026

BEFORE CARE MON TUES WED THUR FRI

AFTER CARE MON TUES WED THUR FRI

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.

2026 CAMP COSTS

REGISTRATION - REGISTER ON APRIL 2, 2026 THRU THE WEDNESDAY BEFORE SESSION BEGINS

ONE WEEK = \$405

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

\$25 LATE FEE APPLIED IF REGISTERING AFTER THE WEDNESDAY BEFORE SESSION BEGINS

Payment enclosed \$ _____

(MINIMUM \$50 DEPOSIT PER WEEK REQUIRED NOW TO CONFIRM REGISTRATION.) If registering less than 5 days before camp, complete balance due.)

Remaining balance to be paid online thru your camp account by ACH (bank account) or Credit Card¹.

1. For credit card payments: a 3.3% + .30 processing fee will apply.

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