

Henry E. Lackey Summer Youth Camp

June 20 - July 15, 2016, Monday-Friday
Camp closed on July 4

Times

8:30 a.m. - 3 p.m.

8:30 a.m. - 4:30 p.m.

Cost

\$425

\$500

Ages

Entering 2nd grade (Fall 2016)

13-years old

Henry E. Lackey High School
3000 Chicamuxen Road
Indian Head, MD 20640

Non-profit Org.
U.S. POSTAGE
PAID
Permit No. 10066
Waldorf, Md.

Henry E. Lackey Summer Youth Camp, June 20 - July 15

Mail-in registration to Henry E. Lackey High School, Attn: Don Layton, 3000 Chicamuxen Road, Indian Head, MD 20640. Registration will be accepted until maximum enrollment is reached.

Camp description

The Summer Youth Camp for boys and girls provides supervised activities in the following areas: soccer, touch football, basketball, floor hockey, swimming, kickball, arts and crafts, whiffle ball and other games.

Staff

- Coordinator - Don Layton - Aquatics Coordinator, Henry E. Lackey High School
- Director - Marty Margolis - 2004 - 2016 Henry E. Lackey Youth Camp Director
- Counselors - Local high school and college students

Facilities

25-yard indoor swimming pool; two gymnasiums; football, baseball and softball fields; six tennis courts; arts and crafts room; cafeteria

What to bring

Bathing suit, towel, lunch

Registration (check weeks desired)

8:30-3:00 June 20 - July 15	\$425	<input type="checkbox"/>
8:30-3:00 June 20 - June 24	\$125	<input type="checkbox"/>
8:30-3:00 June 27 - July 1	\$125	<input type="checkbox"/>
8:30-3:00 July 5 - July 8	\$125	<input type="checkbox"/>
8:30-3:00 July 11 - July 15	\$125	<input type="checkbox"/>

8:30-4:30 June 20 - July 15	\$500	<input type="checkbox"/>
8:30-4:30 June 20 - June 24	\$150	<input type="checkbox"/>
8:30-4:30 June 27 - July 1	\$150	<input type="checkbox"/>
8:30-4:30 July 5 - July 8	\$150	<input type="checkbox"/>
8:30-4:30 July 11 - July 15	\$150	<input type="checkbox"/>

NO PARTIAL WEEK REGISTRATION

Summer Youth Camp Registration Form

This form **must** be filled out **completely** before registration is accepted.

If you would like to be included on a carpool list, check the box below and include the neighborhood/area where you live: _____

Child's Name: _____

Parent/Guardian Name: _____

Address: _____

Daytime Phone Number: _____

Evening Phone Number: _____

Emergency Contact:

Name: _____

Daytime Telephone #: _____

Email Address: _____

* Child's Date of Birth: _____

* Child's Primary Care Physician: _____

* Physician phone number: _____

Alternate Emergency Contact:

Name: _____

Daytime Telephone #: _____

Email Address: _____

Is your child currently taking any medication? If so, please state the medication, dosage and physician's name. _____

Please list any medical conditions which the camp staff should be aware of: _____

• I understand that Summer Youth Camp has some risk for injury, which my child assumes by electing to participate. It is understood that all reasonable and responsible action will be taken to ensure my child's safety. I agree to save and indemnify and keep harmless Summer Youth Camp, Henry E. Lackey High School, Charles County Public Schools and its employees and volunteers against any and all liability claims, judgments or demands arising as a result of participation by my child in this activity.

• In case of emergency or illness, I hereby authorize camp and school employees to arrange medical treatment for my child, and I will request that the camp, either prior to treatment when practical or as soon afterwards as possible, contact me or another person previously identified to the camp as an emergency contact.

• My child will be expected to follow all Charles County Public Schools and Summer Youth Camp Rules and regulations. Any improper actions while participating may result in removal of my child from camp and further discipline by school officials as appropriate.

• Once payment is received, no refund will be provided. Extenuating circumstances will be handled on a case-by-case basis, with supporting documentation.

Parent/Guardian Signature

Date

Method of Payment: Cash

Money Order

Credit Card

*NO PERSONAL CHECKS

If payment is to be made by Visa or MasterCard, please provide the following (check one): Visa MasterCard

Credit Card Number (WITH SECURITY CODE)

Exp. Date

Name on Card

Signature