

WE'RE BACK!!

AND WE'RE STILL FREE!

**LEMOYNE COMMUNITY CENTER
CAMP CHALLENGE 2021**

Session A: June 14th thru July 9th

or

Session B: July 12th thru August 6th

Campers: Grades K thru 12

Monday thru Friday – 9:00 am to 4:00 pm

Breakfast, Lunch, Snack

FEATURING

**Arts, Education, Field Trips, Tennis, Archery, Girl Scouts,
Life Skills, College/Vocational Prep, and much more!!**

**For More Information call 724-228-0260 or email
thelmcc1956@gmail.com**

Space is limited due to Covid-19 restrictions.

WE'RE BACK!!

AND YES, WE'RE STILL FREE!

LEMOYNE COMMUNITY CENTER

CAMP CHALLENGE 2021

This year we will operate two (2) four-week sessions due to the on-going concerns relative to Covid-19. The sessions will be conducted as:

Session A: June 14th thru July 9th

or

Session B: July 12th thru August 6th

Camp Challenge campers may sign up for either session, and you may also indicate a desire to attend both. Our goal is to reach as many youth as possible, as we believe 4 weeks of camp is better than none. Enrollment will be on a first come, first serve basis as we are only enrolling a limited number of campers in each session. While we cannot guarantee space will be available for both sessions, your request will be given consideration. We will be practicing Covid-19 precautions and restrictions as required and we will continue to adjust our service delivery based on DOH and CDC regulations and guidelines.

Camp Challenge will be accepting registrations for youth who have completed kindergarten to those who will be in the 12th grade. Camp will be open Monday thru Friday, 9 am to 4 pm, rain or shine. Campers will receive breakfast, lunch, and a snack. We have some of our favorite programs returning as well as a few new tricks to unveil!!

Please note that as of January 2021 the Pennsylvania Department of Education is requiring that we have physician confirmation of any physical or mental disability which restricts a camper's diet.

Also, new this year is that at least one camp t-shirt must be purchased prior to the start of the camper's registered session. This will enable us to have a more accurate count as to the number of t-shirts and sizes needed.

As always, we will be conducting several Parent's Meetings to review Camp Challenge rules and regulations. It is mandatory that parents/guardians attend one of these sessions.

The staff and volunteers of the LeMoyne Community Center are looking forward to seeing you at Camp Challenge 2021! We missed you and hope you missed us too!

CAMP CHALLENGE 2021!

CAMP CHALLENGE/HOMEWORK AND MORE REGISTRATION

Parent/Adult Guardian: _____

Address: _____

City, State, Zip: _____

Home # _____ Cell # _____ Work # _____

Email Address _____

Email Address _____

Emergency Contact: _____

Relationship to Child: _____

Home # _____ Cell # _____ Work # _____

Number of Children to Attend Program: _____ School District _____

Name	DOB	Grade will enter in Fall
_____	_____	_____
_____	_____	_____
_____	_____	_____

Persons authorized to drop off/pick up child other than parent/guardian:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Child May Walk Home: (YES) _____ (NO) _____

NOTE: Parents/Guardians are responsible for ensuring the LeMoyne Community Center has complete and up to date contact and medical information on file at all times.

MEDICAL INFORMATION

A separate medical form must be submitted for each child registered in the program

Child's Name: _____

Allergies: _____

Current Medications and Dosage: _____

Date of last Tetanus Shot: _____

Doctor's Name and Phone #: _____

Medical History: _____

Hospitalizations - Date, Place, and Reason: _____

Other relevant medical information: _____

INSURANCE INFORMATION

Name of Insurance Company: _____

Member I.D.#: _____

Group #: _____

Phone #: _____

NOTE: EACH MEDICAL FORM MUST INCLUDE A COPY OF THE CHILD'S INSURANCE CARD.

Child/Children Name(s): _____

LEMOYNE COMMUNITY CENTER ACTIVITIES – INDEMNIFICATION AND RELEASE

I hereby represent that my child has no physical restrictions which would prohibit his participation in Camp Challenge/Homework and More activities. I, the undersigned parent/guardian, on behalf of myself, my heirs, legatees and assigns, agree to indemnify, save and hold harmless, the LeMoyne Community Center, its Board of Directors, Linda D. Harris, universities/colleges, program partners, and the LeMoyne Community Center staff or any of their agents, representatives, employees or assigns for my child's health, safety, or any injury and/or disability arising out of or resulting from, the LeMoyne Center activities. By signing below, I acknowledge that I have read and understand this agreement, consent, and waiver and agree to abide by the information presented while my child is participating in the LeMoyne Center Camp Challenge/Homework and More Programs.

PHOTOGRAPH/VIDEO RELEASE

The LeMoyne Community Center, its employees, agents, servants, and representatives may use the child's name, photographic likeness whether alone or in a group, in any LeMoyne Community Center publication, document, television production, video, etc. In addition, the LeMoyne Center may release said name or likeness to any media outlets including but not limited to: newspapers, magazines, or television stations for publicity and/or recognition purposes. We will only use your child's likeness in an effort to enhance the LeMoyne Community Center and the community itself.

Additionally, by signing below, I extend permission to use the child's name and/or photographic likeness, alone or in a group, on the official website, not excluding the LeMoyne Community Center's official Facebook page. The official website is owned and maintained by the LeMoyne Community Center as a service to parents, children, and the community.

() YES, I give my consent to photograph/video release.

() NO, I do not give my consent to photograph/video release.

By signing below I acknowledge that I have read, understand and agree to abide by the sections above, specifically Indemnification and Release and Photograph/Video Release.

Name (Print): _____

Signature: _____ Date: _____

AFFIDAVIT

**COMMONWEALTH OF PENNSYLVANIA
COUNTY OF WASHINGTON**

Before me, the undersigned notary public, this day, personally appeared (please print name)

_____ **to me known, who being duly sworn,**

according to law deposes and says that the facts set forth in the attached are true and correct

to the best of his/her knowledge, information, and belief.

Signature of Affiant

Sworn and subscribed to before me this _____ day of _____, 20_____.

Notary Public

***Parent/Guardian MUST be present in front of the notary and present a current photo ID.**

Waiver of Liability Relating to Coronavirus/COVID-19

COVID-19 has been declared a worldwide pandemic by the World Health Organization and while we are taking numerous precautions to prevent the spread of the virus, COVID-19 is reported to be very contagious. Service Provider as stated in this waiver refers to the LeMoyne Community Center.

The Service Provider cannot prevent you or your child(ren) from becoming exposed to, contracting, or spreading COVID-19 while utilizing the Service Provider's services or premises. It is not possible to prevent against the presence of the disease. Therefore, if you choose to utilize the Service Provider's services and/or enter onto the Service Provider's premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my child(ren) in order to utilize the Service Provider's services and enter the premises. These services are of such value to me, and/or my child(ren), that I and my child(ren) accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize the Service Provider's services and premises in person.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right and the right(s) of my child(ren) to bring suit against the Service Providers and their owners, officers, directors, managers, officials, agents, employees, trustees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing the Service Provider's services and premises. I understand that this waiver means I and my child(ren) give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I or my child(ren) may have to seek damages, whether known or unknown, foreseen, or unforeseen.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS AND THE RIGHTS OF MY CHILD(REN) CONCERNING LIABILITY AS DESCRIBED ABOVE:

Child's Name (printed): _____

Child's Name (printed): _____

Child's Name (printed): _____

I am the parent or legal guardian of the minor(s) named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Date: _____

Signature: _____

Name (printed): _____

CAMP CHALLENGE – 2021

Camper Name: _____

T-Shirt Size: Small, Medium, Large, or X-tra Large, or other. Must indicate Youth Size or Adult Size
SIZE ORDERED: _____

Rank Sessions in Order Preferred: #1 or #2

Session (A) June 14th thru July 9th _____

Session (B) July 12th thru August 6th _____

Both Sessions if possible: (Yes) _____ (No) _____

Camper Name: _____

T-Shirt Size: Small, Medium, Large, or X-tra Large. Must indication Youth Size or Adult Size
SIZE: _____

Rank Sessions in Order Preferred: #1 or #2

Session (A) June 14th thru July 9th _____

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Camper Name: _____

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