

# Lions Camp Kirby

## 2012 Camping Season Registration Instructions

- Select the session(s) that the camper is interested in attending Camp Kirby
- Fill out Registration Form and add up session fees
- Mail completed form with non-refundable registration fee of \$25 per week (required)
- Sessions are filled on a first come first served basis
- All weekly fees and necessary medical forms must be submitted one month prior to selected session
- Make all checks payable to Lions Camp Kirby
- A recommendation from a teacher must accompany this camper application
- A camper who wishes or requires a one-on-one aide to be provided by the camper will be subject to the same fees as the camper
- All registration fees and correspondence should be sent to:  
Katherine Geroni, Registrar (215) 249-3710 voice  
PO Box 318 (215) 249-1239 FAX  
Dublin PA 18917

### NON DISCRIMINATION POLICY

Camp Kirby participates in the Special Milk Program. Milk served to children under this program is served regardless of race, color, gender, age, disability or national origin. There is not discrimination in admissions policy, milk service or use of facilities. Any person who believes he or she has been discriminated against in any United States Department of Agriculture related activity should write to the Secretary of Agriculture, Washington, DC 20250.

## Guardian Signature Required

In consideration and as a condition of our accepting this application for enrollment, the undersigned, as parents, guardians, or custodians of the camper to be accepted and intending to be legally bound thereby, for ourselves and for the camper named below, our heirs, executors, administrators, and assigns do hereby release and waive all rights and claims whatsoever as a result of personal injury, property damage and/or injury or damage of any kind, suffered by the camper, which the 14A Lions Clubs, Lions International, any individual Lion, Lioness or Leo Club, the Officers, Directors and shareholders of CAMP KIRBY INCORPORATED, and all employees or volunteers connected in any way with CAMP KIRBY INCORPORATED as a result of any acts, omissions or conditions resulting from the operating of CAMP KIRBY INCORPORATED.

It is further warranted by the application hereunder that the camper has been examined by a medical expert and that no physical or medical condition exists which would create any hazard to the camper as a result of his/her attendance at the camp.

As the parent, guardian, custodian of the camper, I authorize CAMP KIRBY INCORPORATED to use any photographs of my child taken by them, for any reason they feel necessary for their program or used in newspapers, brochures, etc.

I have received and read the Parent Handbook and understand the terms and conditions outlines in it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Camper (Circle One):    Parent    Guardian    Custodian

# Lions Camp Kirby

1735 Narrows Hill Road Upper Black Eddy, PA 18972 (610) 982-5731

## 2012 Camping Season Registration Form

Camper's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

IMPORTANT: Email Address(s) for camper's family: 1) \_\_\_\_\_ @ \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ 2) \_\_\_\_\_ @ \_\_\_\_\_

Special Needs: (Please Check) Hearing Impaired Special Diet Required Special Language Need  
Learning Disability Behavior Problems

In Case of Emergency, call: \_\_\_\_\_ at \_\_\_\_\_

**CHECK IN begins Sunday at 1pm - CHECK OUT is Saturday at 10am after cont breakfast**

**IMPORTANT: Weekend stay-overs must be pre-registered and approved in advance...**

**See pricing for weekend stay-overs below.**

## SIGN UP NOW!

**Send payment and form to:**

Katherine Geroni, Registrar, PO Box 318, Dublin, PA 18917 FAX: (215) 249-1239 Voice: (215) 249-3710

**Place a check next to the session(s) you want, on the lines marked "Yes"**

### Camp for the Deaf and Hearing Impaired: 4 Weeks

	<i>If payment is received by</i>	<i>3/1</i>	<i>5/1</i>	<i>After 5/1</i>	
1A Week A: Sunday, July 22 to Saturday, July 28		\$375	\$400	\$425	1A Yes _____
1B Week B: Sunday, July 29 to Saturday, Aug 4		\$375	\$400	\$425	1B Yes _____
1C Week C Sunday, August 5 to Saturday, Aug 11		\$375	\$400	\$425	1C Yes _____

\$55 charge for weekend stay over connecting weeks A & B (

Weekend between A & B Yes \_\_\_\_\_

TOTAL NUMBER OF WEEKS \_\_\_\_\_ TOTAL FEES \$ \_\_\_\_\_  
Plus Registration Fee \$ 25.00

TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_

(Please fill out both pages)