



Summer Day Camp Registration Form

Please fill out one form for each student. Print clearly.



Western Montgomery CTC

77 Graterford Road
Limerick, PA 19468
610-489-7272

Student: _____ School District: _____ Date: _____

School Name: _____ Grade: _____ (Entering Grades 5-8) Age: _____

Parent/Guardian: _____

Address: _____ City: _____ Zip: _____

Phone (Home): _____ (Work): _____

Emergency Contact: _____ Relationship: _____ Phone: _____

COURSE SELECTIONS

Place a check in the box for the session(s) your child will attend

Regular Sessions (9AM-12PM, Cost: \$115)	Session 1 July 8-12	Session 2 July 15-19
BEAUTY SCHOOL BOOT CAMP Shampooing, braiding, facials, nail art, manicures, and more!	<input type="checkbox"/>	<input type="checkbox"/>
JUNIOR POLICE CADET PROGRAM Students will experience and participate in various skills taught in Police Academies.	Cancelled	Cancelled
REV UP YOUR ENGINES Learn how an internal engine works by taking one apart and reassembling while learning about individual parts.	<input type="checkbox"/>	<input type="checkbox"/>
CULINARY CAMP Travel the world with food. Students will experience a culinary adventure by creating and testing the limits of new and exciting cultures through food! (Students will make and prepare their own lunch daily)	Session Closed	Session Closed
SPORTS PERFORMANCE (SESSION 1 ONLY!!!) Provides students the opportunity to learn and apply strength and conditioning principles for increasing athletic performance. Students will also learn basic anatomy/physiology, nutrition, proper training techniques, sports medicine skills, endurance, injury prevention and more!	<input type="checkbox"/>	NOT IN SESSION

Payment Method: Check (enclosed) Credit Card- Convenience Fees apply and payments must be made in person at our business office)

Payment Amount: _____ **Registration Deadline: June 14th, 2019**

All programs may include physical activity and team events. Payment in full is required to secure your child's enrollment. Payments are **NON-REFUNDABLE**. If course selection is not available, you will be notified by June 15th, and a full refund will be made. Credit card convenience fees apply. Course enrollment is made on a first-come, first-serve basis. Check westerncenter.org/camps for updated course availability. WMCTC does not discriminate on the basis of race, color, national origin, sex, disability or age.

T-Shirt Size (mark)	
Youth M	<input type="checkbox"/>
Youth L	<input type="checkbox"/>
Adult S	<input type="checkbox"/>
Adult M	<input type="checkbox"/>
Adult L	<input type="checkbox"/>
Adult XL	<input type="checkbox"/>
Adult XXL	<input type="checkbox"/>



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Parent/Guardian Consent Form

I consent to allow my child to receive emergency first aid administration by trained personnel at WMCTC. If his/her condition should require treatment by a doctor, and I cannot be reached, I give my permission for him/her to be transported to a hospital. I will assume necessary transportation and medical expenses, if any.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Email address: _____

Family Physician Information:

Name _____ Phone _____

Address: _____ City: _____ Zip: _____

Preferred Hospital Information:

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Medical Information:

Name of medication(s) taken: _____

Reason: _____

Physical Limitations: _____

Reason: _____

Please indicate if your child has any of the following:

Condition	Yes	No	Condition	Yes	No
Asthma			Kidney		
Convulsion/Seizures			Heart		
Eyeglasses/Contacts			Hearing		
Takes Meds @ Home			Allergies		

If you specified allergies, to what? _____



PHOTO RELEASE FORM

I GIVE PERMISSION for my son/daughter _____
to be photographed & the pictures to possibly appear on our website or in promotion of our Summer
Camps.

I DO NOT GIVE PERMISSION for my son/daughter _____
to be photographed & the pictures to possibly appear on our website or in promotion of our Summer
Camps.

PARENT/GUARDIAN SIGNATURE