



2026 Summer Camp Registration Form

Camper Information

Last Name: _____ First Name: _____ Age: _____

Date of Birth: _____ Gender: Male Female Other Prefer not to say

Grade (for next school year): _____ T-Shirt Size (Youth): XS S M L XL XXL

Parent/Guardian Information

Parent/Guardian Name: _____ Relationship to Camper: _____

Phone Number: _____ Email Address: _____

Address: _____

Emergency Contact (Other than Parent/Guardian)

Name: _____ Relationship: _____

Phone Number: _____ Alternate Phone Number: _____

Medical Information

Does the camper have any allergies?

Yes No If yes, please specify: _____

Does the camper have any medical conditions or special needs?

Yes No If yes, please describe: _____

Is the camper currently taking any medications?

Yes No If yes, please list and provide instructions: _____

Physician's Name: _____ Physician's Phone Number: _____

Additional Information

How did you hear about our camp? _____

Fill out and return to brumsey@euharlee.com or Euharlee City Hall, 30 Burge's Mill Road, Euharlee, GA 30145

Any dietary restrictions? Yes No If yes, please specify: _____

Does the camper have a sibling that is also registered? Yes No If yes, please name: _____

Camp Sessions (Please select the session(s) you wish to register for)

Session 1: June 1- June 5

Session 4: June 22 – June 26

Session 2: June 8 – June 12

Session 5: June 29 - July 3

Session 3: June 15- June 19

Session 6: July 6 - July 10

Payment Information

Registration Fee: \$50 Deposit Due at Registration

\$125 total per week for Euharlee residents; \$140 total per week for non-residents; \$15 sibling discount.

Before and aftercare available 7:30am to 5:30pm for an additional \$25 per week.

Do you need before and/or after care? Yes No

Consent and Agreement

I hereby give permission for my child to attend the summer camp and participate in all activities. I authorize the camp staff to seek medical treatment in case of an emergency. I understand that the camp is not responsible for lost or stolen items.

Signature of Parent/Guardian: _____ **Date:** _____

Photo Release

I grant permission to the City of Euharlee to photograph and/or video my child during activities related to the Euharlee Summer Camp. I understand that these images may be used for promotional purposes, including but not limited to social media, the city’s website, newsletters, and printed materials.

Signature of Parent/Guardian: _____ Date: _____

Office Use Only: Date Received: _____ Received By: _____ Accepted: _____

Check # Cash: Card: Deposit Received: _____

Registration Fees Received: _____