

Hallett Center of Crosby KIDS KAMP 2026 REGISTRATION PACKET

Participant Information

Participant Name _____ Male Female

DOB ___ / ___ / _____ Age _____

What grade will your child be going into for the 2026-27 school year? _____

Parent or Guardian Information

Is the Parent / Guardian a Hallett Center of Crosby Member? Yes No

Is the Parent / Guardian a CRMC Employee? (must provide proof of employment) Yes No

Main Contacts

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

Child Lives With: Mom Dad Both (in same home) Other _____

Primary Address: _____

2026 Camp Options

CLLB (Cuyuna Lakes Lunch Bunch) is once again offering a free lunch to our campers each day. CLLB cannot accommodate allergies or special requests. We will not know the menu ahead of time and lunches will sometimes contain peanut butter. Please indicate if you want your child to receive the free lunch.

Yes, free lunch please! OR **No, my child will bring their own lunch**

We will also provide two healthy snacks per day for our campers. Examples of this snack are an apple, granola bar, or equivalent. Please indicate if you would like your child to receive the snacks.

Yes, we would like to have snacks provided OR **No, my child will bring their own snack**

We will be providing our campers with T-shirts this year, for the days they will be out and about. Please circle which size T-Shirt your child will be provided.

SM M LG XL

Liability Release

I acknowledge and understand that participating in the selected activities and using the Hallett Center equipment creates a risk of injury for my child. In consideration for participating, I agree to defend and indemnify the Hallett Center, its employees, and agents from all claims for damages arising out of my child's use of Hallett Center and his/her participation in Hallett Center programs. I further waive all claims against the Hallett Center, its employees, and agents for cause of action present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of the use of Hallett Center facilities and equipment.

Emergency Medical Authorization

I give the Hallett Center of Crosby permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a certified staff member of the Hallett Center. I also give permission for my child to be transported by ambulance to an emergency center for treatment. I authorize the Hallett Center to obtain immediate medical care and give consent to the hospitalization and performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to my child or ward if an emergency occurs when I cannot be located immediately. It is also understood that this agreement may only cover those situations which are true emergencies and only when I cannot be reached. I understand that the provider will take every effort to contact me and/or my designated emergency contacts. I will be responsible for payment of medical expenses.

Parent/Guardian Signature _____ Date: _____

2026 Payment Policies & Billing

Tuition Policy

We require a card on file for Kids Kamp payments. If tuition is declined, a \$20 late charge per decline will be assessed. A child may be terminated if tuition is two [2] weeks late. Tuition is based on enrollment for each session and will not be pro-rated due to vacation, illness, or weather/emergency closures. Sick care is not available; it is the parent's responsibility to make alternative arrangements.

Weekly payments are due on Friday for the upcoming week. Biweekly will be due the Friday before both weeks (for the first 2 weeks of your session, you will only be charged for the second week if you do not pay both weeks on your registration day). Session payment is due the Friday before session start.

Cards will be set to autopay on the respective due dates based on your selected billing cycle. We are offering the option to come and prepay with an alternate card, cash, or check, to prevent the card on file charge, however this *pre-payment must be made (at the latest) the day before payments are set to withdraw, prior to close, in order to prevent the withdrawal of the card on file.*

Late Policy

Regular enrollment includes M-F 8:00 AM - 4:00 PM. We offer late pick up until 5:00 PM and early drop off as early as 7:00 AM (extended hours) for an additional \$10 per week, but if your child is here outside of that time frame there will be additional fees: \$5 if 1 - 5 minutes outside of extended hours; \$15 if 6 - 10 minutes; \$25 if 11 - 15 minutes. Please also let us know in advance if you will be utilizing the early drop off/late pick up. *Families that drop their child off late and/or early without paying the extended hours fee will be invoiced the following week. Late charges will also be invoiced the following week.*

2026 Pricing

Please check which payment you qualify for based on status the day of your enrollment.

WEEKLY RATES (sessions are 4 weeks each)

Parent/Guardian Status	First Child	Additional Child	Extended Hours?
<input type="checkbox"/> Hallett Member	\$200	\$165	\$10
<input type="checkbox"/> Non-Member	\$225	\$200	\$10
<input type="checkbox"/> CRMC <i>with proof of employment</i>	\$100	\$83	\$10

Enrollment is based on a per-session basis, meaning payment is owed for every week in the session, regardless of attendance (ex. Absent due to vacation or illness). You will add your primary card on file for camp billing *on the day of your enrollment* with our staff.

Please list the last 4 digits of the primary billing card on file you will be submitting: _____

If you wish, we have the ability to alternate payments between two different cards based on your selected billing cycle.

Please list the last 4 digits of the secondary card you will add on file, if needed: _____

I consent to The Hallett Center of Crosby charging my card(s) listed above based on the billing cycle I have indicated on the following section.

Signature of Primary card owner: _____ Date: _____

Signature of Secondary card owner: _____ Date: _____

(if secondary card is listed only)

Please check how you would like to be billed, if you would like extended hours, and for which session(s) your child will be attending. Prices listed below are for tuition per bill. Refer to our tuition policy to know when to expect billing based on your selected billing cycle and for additional kid pricing.

	Session 1	June 1 - 26	Hallett Member	Non-Member	CRMC
Pick One →	<input type="checkbox"/>	Weekly	\$200	\$225	\$100
	<input type="checkbox"/>	Bi-Weekly	\$400	\$450	\$200
	<input type="checkbox"/>	Session	\$800	\$900	\$400
Optional →	<input type="checkbox"/>	Extended Hrs (7am-5pm)	\$10 per week/ \$20 BiWeekly/\$40 Session		

See Next Page for Session 2 and 3

	Session 2	June 29 - July 24	Hallett Member	Non-Member	CRMC
Pick One →	<input type="checkbox"/>	Weekly	\$200	\$225	\$100
	<input type="checkbox"/>	Bi-Weekly	\$400	\$450	\$200
	<input type="checkbox"/>	Session	\$800	\$900	\$400
Optional →	<input type="checkbox"/>	Extended Hrs (7am-5pm)	\$10 per week/\$20 BiWeekly/\$40 Session		

	Session 3	July 27 - August 21	Hallett Member	Non-Member	CRMC
Pick One →	<input type="checkbox"/>	Weekly			
	<input type="checkbox"/>	Bi-Weekly			
	<input type="checkbox"/>	Session			
Optional →	<input type="checkbox"/>	Extended Hrs (7am-5pm)	\$10 per week/\$20 BiWeekly/\$40 Session		

Do you have an additional child you are enrolling in Kids Kamp? (You will have to do separate registration packets per child, this is for billing purposes only, for additional children see pricing on previous pg.)

Yes, I am enrolling 2+ Children in Kids Kamp OR No, I am only enrolling 1 child in Kids Kamp

Total you are paying at registration: _____
(first week minimum and ext hours fee per week if selected)

Parent/ Guardian Signature for Kids Kamp Program, Agreeing 2026 Payment Policies & Billing, and Agreeing to Selected Billing Cycle

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

Office Use Only
Payment Received: _____ Date Received: _____ Staff Initials: _____

Health History

Please check the appropriate answer to the following questions:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Does your child have allergies? * | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does your child have diet restrictions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Can your child participate in all activities? ** | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is your child taking medication? *** | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are you taking your child off any medications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please explain: _____

*Participants with life threatening allergies requiring an accommodation may be required to provide medical clearance documentation. Failure to comply may result in delay of participation.

**If your child requires an ADA accommodation for their successful inclusion, please be sure to make a note of that on this form and provide a diagnosis and any other helpful information. Contact will be made with you from the Camp Coordinator.

***If your child is taking medication please complete and submit the Permission to Dispense Medication Waiver / Release of ALL Claims Form and the Instructions for Dispensing Medication form.

Has your child had:

<p>1. Measles <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>2. Chicken Pox <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>3. German Measles <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>4. Mumps <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>5. Hepatitis A/B/C <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>6. Mononucleosis <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>7. Frequent Ear Infections <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>8. Asthma <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>9. Diabetes <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>10. Seizures/Convulsions <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>11. Frequent Headaches <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>12. Head Injury/Concussion <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>13. Recent injury, illness, or infectious disease <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>14. Chronic or recurring illness/condition <input type="checkbox"/>yes <input type="checkbox"/>no</p>	<p>15. Heart defect/disease/murmur <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>16. Eating Disorder <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>17. Diarrhea/Constipation <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>18. Wear glasses/contacts/protective eye wear <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>19. Orthodontic appliance (ex. retainer) <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>20. Hypertension <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>21. Emotional difficulties for which professional help was sought <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>22. Dizzy/passed out after physical activity <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>23. Skin Problems (itching, rash, acne) <input type="checkbox"/>yes <input type="checkbox"/>no</p>
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How would you describe your child's personality? _____

What can you share about your child to help us ensure a positive experience at camp? _____

What activities does your child enjoy? _____

What does your child dislike? _____

What does your child struggle with? _____

Signature of Parent/Guardian: _____ Date: _____

Hallett Center of Crosby Parent/Guardian Agreements

1. The Hallett Center agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if requested by The Hallett Center
2. The parent/guardian agrees to inform the Hallett Center within 24 hours or the next business day after their child or any members of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
3. My child has permission to participate in Hallett Center swimming activities; including but not limited to pools and water slide. I understand that there may not be a lifeguard present.
4. The parent/guardian authorizes the application of sunscreen and/or insect repellent and/or hand sanitizer supplied by the Hallett Center of his/her child by the Hallett Center staff. I agree to supply a spray bottle of sunscreen and/or insect repellent and/or hand sanitizer with my child's name on it and that it will only be applied to the child whose name is on the bottle.
5. I understand that it is my responsibility to have my child picked up from camp following the camp's hours and/or designated extended hours when applicable. I am aware that if I am not able to pick up my child, ward, or family member, I will arrange for an authorized adult to pick up my camper. I understand that if either myself or authorized adults do not pick up my child from camp, the Hallett Center will do everything deemed reasonable to get in contact with myself or an authorized adult, to arrange pick up. If the parent, or authorized adult is not reached within 30 minutes of camp ending, the Hallett Center will request the assistance of the Crosby Police Department. If my child is consistently left past pick-up times, a fee may be added, or participation may be terminated.
6. I have received the participation information handbook and understand that it is my responsibility to read and understand/be aware of ALL policies including the Code of Conduct, Behavior Management, and Camp Absence forms as outlined in the Participant Handbook

Swimming Ability

- Non-Swimmer (unable to swim/ no swim instruction) Beginner (limited swim instruction) Intermediate (average swimming ability) Advanced (skilled swimmer)

Parent/Guardian Signature: _____ Date: _____

Hallett Center of Crosby
Kids Kamp / Pool and Waterfront / Park Playground / Off-Site Activities

In consideration of the services of the Hallett Center, their agents, owners, officers, volunteers, participants, employees, sponsors, and other persons or entities acting in any capacity on their behalf, I hereby agree to release and discharge the Hallett Center, on behalf of myself, my children, my parents, my heirs, assigns, personal representative, and estate as follows:

1. I acknowledge that being in the water/waterfront, playground, and off-site activities entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to my child, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Furthermore, Hallett Center employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. Instructors may give inadequate warnings or instructions, and the equipment used might malfunction. I am aware that while there will be Hallett Center staff supervision, it does not necessarily mean a lifeguard will be present during water activities.

2. I expressly agree and promise to accept and assume all the risks existing in these activities. My child's participation in these activities is voluntary and may elect to participate despite the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the Hallett Center from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in this activity or my child's use of Hallett Center equipment or facilities, including any such claims, which allege negligent acts or omissions of Hallett Center.

4. Should the Hallett Center or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage my child may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to my child. I further certify that my child has no medical or physical conditions, which could interfere with their safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against Hallett Center, their agents, owners, officers, volunteers, participants, employees, sponsors, and other persons or entities acting in any capacity on their behalf, on the basis of any claim from which I have released him or her herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Participants Name (printed): _____

Parent/Guardian Name (printed): _____

Signature of Parent/Guardian: _____ Date: _____

Kids Kamp Behavior Contract

This contract between Kidz Kamp/The Hallett Center and _____ begins on June 1, 2026. This contract was developed together by Joe McLaughlin, General Manager and Karen Sharpe, Program Manager.

Please read the following out-loud with your child to ensure they understand Kidz Kamp policies:

Repeated instances of the first seven policies, listed below, will result in a phone call from our Program Supervisor or Intern to notify parents of the behavior concern. Excessive, inability or unwillingness to follow these policies may result in a camper being sent home from the program for the day.

- I will listen to staff and follow directions when asked the first time.
- I will respect other peoples' belongings by not touching them or using them without permission.
- I will respect other peoples' personal space by keeping my hands and feet to myself.
- I will respect other peoples' feelings by having a positive attitude while speaking to them and leaving them alone if asked.
- I will use my indoor voice when inside.
- I will use appropriate language while at camp and avoid all name calling.
- Any other incident that occurs that is deemed inappropriate camp behavior by a counselor or Hallett staff member.

Failure to follow the two policies below will result in campers being sent home for the day and require pickup within 60 minutes of a call home.

- I will not hit, bite, fight, or bully other campers.
- I will not engage in acts or threats of aggression or violence towards campers and staff.

Not abiding by these rules may result in time-outs, behavior reports or **removal from the program.**

Repeated instances will result in the following:

1st instance: Verbal Warning and Note Home

2nd instance: Camper Suspension without refund for all paid sessions.

Signature of Child: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Kids Kamp Pick-Up Approval Signature Form

In the space below, please indicate who is allowed to pick up your child from Kids Kamp. At the time of pick-up, a valid photo ID must be presented to the check-out staff to have the child released. We will not release children to individuals not depicted on this form, so please list anyone that may be involved in pick-ups! Please print first and last names clearly.

I, _____, authorize the persons listed above to pick up my child from Kids Kamp in the 2026 season. This agreement is valid upon the start of the first session, June 1 2026. This agreement is considered void upon the commencement of the third session on August 21 2026.

Parent/Guardian Signature: _____ Date: _____

Kids Kamp Photo Release Form

Dear Parents,

The Hallett Center of Crosby, and Crosby Ironton Courier may be present at some Kids Kamp outings and library events to promote them to the public. They wish to publish a few photos of the events, however Kids Kampers will be intermingled in the photos. Please read the statement below and indicate whether your child's photo is allowed to be published.

I, _____, the Parent or Legal Guardian of

_____, grant permission to Hallett Center of Crosby and The Crosby Ironton Courier, its agents, and its employees the irrevocable and unrestricted right to produce photographs and video taken of my child, myself, and members of my family while at Kids Kamp for any lawful purpose including publication, promotion, illustration, advertising, trade, or historical archive in any manner or in any medium by The Crosby Ironton Courier and The Hallett Center of Crosby. I hereby release Kids Kamp and the Crosby Ironton Courier, and The Hallett Center of Crosby and its legal representatives from liability for any violation or claims relating to said images or video.

Furthermore, I grant permission to use the statements of my child given during an interview or evaluation with or without their name for the purpose of advertising and publicity. I waive my rights, my child's rights, and my family's right to any and all compensation stemming from the use of these materials.

OR

No, I do not want my child's photograph published in the Crosby Ironton Courier and the Hallett Center of Crosby's social media or website.

Parent/ Guardian Name: _____

Child's Name: _____

Parent/ Guardian Signature: _____ Date: _____

Dispense Medication Waiver / Release of All Claims

* ONLY FILL OUT IF WE NEED TO DISPENSE MEDICATION *

The Hallett Center of Crosby will not dispense medication to a minor child or other participants until Permission to Dispense Medication Waiver, Release of All Claims form and Instructions for Dispensing Medication form have been completed by a parent or guardian.

Permission to Dispense Medication Waiver / Release of All Claims

I, (please print your name) _____, the Parent/Guardian of (please print name of child attending), _____ give permission to the Hallett Center of Crosby program staff to administer to my child the medication(s) listed below. **I understand that it is my responsibility to give the medication directly to a Hallett Center Manager or the Camp Intern with full instructions in its original prescription bottles. Medications not in their original prescription bottles/containers will NOT be administered regardless of parental permission or request.**

In all cases, medication dispensing can only be changed or modified by completing another permission to *Dispense Medication waiver / Release of All Claims form and Instructions for Dispensing Medication* form. I hereby acknowledge that the above information for the dispensing of medication for my minor child, ward, or other family member is accurate. I also understand that it is my responsibility to inform the Hallett Center of Crosby of any changes in the dispensing of medication.

If after administering medication there is an adverse reaction, I give permission to the Hallett Center staff to secure from any licensed hospital physician and/or medical personnel and treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. Such risks include, but are not limited to, failing to properly administer medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

In consideration of the Hallett Center Staff administering medication to my minor child, I do hereby fully release or discharge the Hallett Center of Crosby and its officer, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child have (or accrue to me or my minor child), and arising out of, connected with, incidental to, or in any way associated with the administering of medication.

Signature of Parent/Guardian: _____ Date: _____

Instructions for Dispensing Medication

This form must be completed for each session OR when medication changes

Name of Program _____

Name of Participant _____ Age _____

Address _____

Name of Parent/Guardian _____

Daytime Phone _____ Other Phone _____

Name of Doctor _____ Phone _____

Name of Medication _____

Dose _____ Time _____

Dispensing and Storage Instructions _____

Possible Side Effects _____

Name of Medication _____

Dose _____ Time _____

Dispensing and Storage Instructions _____

Possible Side Effects _____

Name of Medication _____

Dose _____ Time _____

Dispensing and Storage Instructions _____

Possible Side Effects _____

Name of Medication _____

Dose _____ Time _____

Dispensing and Storage Instructions _____

Possible Side Effects _____

Other Consideration (nervousness, change in temperament, etc.) _____

I understand that it is my responsibility to give the medication directly to a Hallett Center Manager or the Camp Intern with full instructions in its original prescription bottles. Medications not in their original prescription bottles/containers will NOT be administered regardless of parental permission or request. In all cases, medication dispensing can only be changed or modified by completing another, permission to *Dispense Medication Waiver/Release of All Claims* form and *Instructions for Dispensing Medication* form. I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, ward, or family member is accurate. I also understand that it is my responsibility to inform the Hallett Center staff of any changes in the dispensing of medication.

Signature of Parent/Guardian: _____ Date: _____