



Summer Camp

2026

Registration Packet

Skyline's Best Summer Camp Programs

SUMMER CAMP REGISTRATION PACKET



1. Student Name(s)

1. _____ age: _____ Grade: _____ School: _____ Birth Date: _____

2. _____ age: _____ Grade: _____ School: _____ Birth Date: _____

3. _____ age: _____ Grade: _____ School: _____ Birth Date: _____

Parent 1 / Guardian's Name _____ Phone # _____

Address: _____ City/State/Zip _____

Email address: _____

Parent 2 / Guardian's Name _____ Phone # _____

Address: _____ City/State/Zip _____

Email Address: _____

2. Save Your Spot!

_____ Register Now! Only \$40 per child to secure your spot in the BEST Summer Camp Program in Virginia!
Every camper will receive a water bottle, sling bag and T-shirt.

3. Camp Selections

_____ **VIP Membership: (\$2340.00) *Limited Availability***

Enroll for the Full Summer (13 weeks), with 1 easy payment of \$2340.00!
(Nonrefundable)

_____ **Full Summer Membership: (13 weeks at \$195.00 per week)**

Enroll for the Full Summer (13 weeks), with 13 weekly payment of \$195.00.
Most Popular!! (30-day cancellation notice)

_____ **Partial Summer: LIMITED SPOTS AVAILABLE**

Choose your days, with weekly payments of (2 Days \$100, 3 Days \$145,
4 Days \$185. Most Flexible! (7-day cancellation notice)

Circle your days:

Monday

Tuesday

Wednesday

Thursday

Friday

4. Billing Information (Required for all students)

I understand that the first payment is due the week before my child begins camp. I also understand that all camp payments are due weekly and must be paid on time to maintain my child's spot in camp. I will provide a written notice to a Skyline representative with my request to cancel my membership with a 30 day notice. I understand, I am Still obligated to any cancellation fees.

Date:

Print Name on Account

Signature

Skyline's Best Summer Camp Programs

PERMISSION WAIVER, TERMS AND CONDITIONS



Congratulation for registering your child in the Skyline's Best Summer Camp Program! We are committed to making your experience with Summer Camp amazing! Please read the terms and conditions below, initial each item, and sign and date the bottom.

Child(ren)'s name(s): _____

____Participation: By signing this agreement, I am enrolling my child in Skyline's Best Summer Camp at Skyline Christian Academy . I hereby give permission to Skyline's Best Summer Camp for my child to participate in a variety of indoor and outdoor sports activities, off site field trips, and other physical and non-physical activities not here listed. I also consent to Skyline's Best SC providing transportation for my child in parents, employee or church member's vehicles for offsite field trips. I understand that there are certain risks of injury inherent in the practice and play of the physical activities that are offered by this summer camp, as well as in traveling in vehicles and other related activities incidental to my child's participation and I am willing to assume these risks for my child and myself. I hereby certify that my child is fully capable of participating in the Skyline's Best Summer Camp programs and that he/she is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as included in writing with this waiver. I acknowledge that I have met with my child's medical provider and received approval for them to engage in the said activities, or that I have decided that my child may participate in the said activities without their medical provider's approval. In addition to giving full consent for my child's participation, I do hereby waive, release, hold harmless, and covenant not to sue The Church at Skyline, Skyline Christian Academy, Skyline's Best Summer Camp, its officers, coaches, employees, sponsors, supervisors, and representatives for any injury or loss that may be suffered by my child during the participation in the activities included in Skyline's Best Summer Camp and/or Day Camps, whether the result of negligence or any other cause. I understand that Skyline's Best Summer Camp is not a state licensed child-care facility. My child has the right to leave Skyline's Best Summer Camp facility at any time, provided that I or another adult listed on the emergency contact form pick them up.

____Payments: I understand that all single payment memberships (VIP) are non-refundable or transferable and are due upon registration. Weekly payments are collected by Skyline's Best Summer Camp on Mondays of the weekly session. I understand that if my membership fee is late for any reason, I will have a \$35 late fee .

____Cancellation: I understand I must give the following cancellation notice for my membership: Full Summer: 30-Days; Partial Week: 7-Days. A cancellation form supplied by a Skyline's Best Summer Camp Director must be completed to give official notice.

____Child Absence: If my child will not be attending Skyline's Best Summer Camp for any reason, I am required to contact Skyline's Best Summer Camp at (540) 692-4531 to report the absence. I understand that no refunds or credits will be issued if my child misses any days of Summer Camp and/or Day Camp Programs.

____Child Illness: If my child is sick, he/she will not be allowed to return to Summer Camp until 24 hours have passed after my child's last symptoms.

____Child Pick-Up: I understand that I must pick up my child by 5pm each day. At 5:05pm I will be charged \$2 per minute that I am late.

____Field Trips: On certain Camp days, field trips may have extra fees. My child is required to wear a CAMP T-shirt on each field trip. I understand that if my child does not have their approved t-shirt one will be issued to them and \$16 will be charged. Refunds or credits are not issued for missed field trips.

____Photos: I understand that my child may be photographed and video recorded for marketing purposes. I also agree that no monetary compensation will be given for the use of these photos or videos and they are the property of Skyline's Best Summer Camp/ Skyline Christian Academy. I will notify Skyline's Best Summer Camp in writing if I do not wish for my child to be photographed.

____Food & Water: During Summer Camp and any full-day sessions, my child is required to bring a bagged lunch, two snacks, and a Skyline's Best Summer Camp refillable water bottle each day.

____Child Safety: To ensure the safety and security of my child, I understand that any approved adult on my emergency contact form will need to provide a proper state or government issued ID in the event that they have to pick up my child from Skyline's Best Summer Camp.

____Dress Code: I understand that my child is to be wearing a Skyline's Best Summer Camp T-shirt at all times. If your camper arrives without one, they will be given one for \$16. Closed toed shoes with socks are required. All shorts must be past the child's finger tips when holding their arms straight to their sides. Only swim shorts for boys and 1-piece modest bathing suits for girls are welcome.

____Sunscreen: Every camper must bring sunscreen!!

Your signature below acknowledges your understanding and acceptance of the terms and conditions above:

Parent/Guardian's Printed Name:

Date:

Parent/Guardian's Signature:

Skyline's Best Summer Camp Programs
MEDICAL INFORMATION & CONSENT TO TREAT



Child's Name: _____

Age: _____ Date of Birth: _____

Parent/Legal Guardian Name(s): _____

Emergency Phone #'s:

Home: _____ Parent 1 cell/work: _____

Parent 2 cell/work: _____

Alternative Contact in case of Emergency:

Name: _____ Phone: _____

Relationship to child: _____

Physician's Name: _____

Medical Insurance for Child: _____

Please list any allergies your child has:

Please list any medical conditions your child has:

Please list any medications (over-the-counter or prescription) your child takes on a daily basis: (Consent to Administer Medication form must be completed for medications to be distributed by Skyline's Best Summer Camp)

By signing below, I give my consent to Skyline's Best Summer Camp, its instructors, employees or any emergency personnel to administer necessary treatment to my child in the event of an emergency, including CPR and/or First Aid, and transport him or her by ambulance or Skyline's Best Summer Camp employee vehicle as the situation warrants.

Parent/Guardian's Signature

Date

Skyline's Best Summer Camp Programs

DISCIPLINARY POLICY



Please read this behavior policy and acknowledge your agreement with its terms by signing and returning it with your registration.

In an effort to give your child(ren) and the other children a safe and fun experience, it is necessary that all children exhibit proper behavior, self-discipline, self-control, respect for staff and other children and follow instructions fully and promptly. At Skyline's Best Summer Camp, we have high expectations for our children and make our expectations clear to them.

Correcting unsatisfactory behavior is time consuming and detracts from providing quality, safe, educational and fun activities for the rest of the children.

Discipline Policy: When a child's behavior is inappropriate, Camp staff will give ample verbal warning of the impropriety of their actions and instructions to correct it. After being set out of the activity at hand, if the child's behavior is not corrected promptly, we will contact the parents by phone for assistance in changing the child's actions or a written notice will be given to the parents at pick up time. Skyline's Best Summer Camp does not tolerate disrespectful behavior towards staff members other children, fighting or swearing. These behaviors will result in parents needing to make arrangements immediately (in one hour or less) to pick up their child for the rest of the day and/or dismissal from the program. Consistent behavior warnings may result in dismissal from this program.

By signing below, I hereby acknowledge that I have read and understand the foregoing policy and I agree to abide by all of its terms and conditions.

Child's Name

Print Parent/Guardian's Name

Date

Parent/Guardian's Signature

Skyline's Best Summer Camp Programs
PICK UP AUTHORIZATION



Child's Name: _____

At Skyline's Best Summer Camp Programs, we take safety very seriously. We will not let anyone pick up your child unless they are on the Pick Up List OR have the proper Emergency Pick Up Code. Individuals on this list will be **required** to provide proper state or government issued **photo identification at the time of pick up**.

PICK UP LIST

I give the below named people permission to pick up my child

_____ (Parent/Guardians Names)

1. _____

2. _____

3. _____

4. _____

My child may not go with, under any circumstances:

EMERGENCY PICK UP CODE

In the event of an emergency and someone must pick up your child who is NOT on the list above, they will need to provide the **Parent Approved Code** below. YOU DO NOT NEED TO GIVE YOUR CHILD THIS CODE.

Your code is (please use letters): / / /

Skyline's Best Summer Camp Program

T-SHIRT ORDER FORM



Child's Name: _____

Cost: \$16 per T-shirt

Multiple: 2 for \$25, 3 for \$34, add \$10 per addition shirt after 3

**Summer Campers are required to wear a Skyline's Best Summer Camp T-shirt every day for Summer Camp. Summer Campers will receive one (1) t-shirt FREE.

Child's Size and Number of Shirts:

Youth Small # _____

Youth Medium # _____

Youth Large # _____

Adult Small # _____

Adult Medium # _____

Adult Large # _____

Adult X-Large # _____



Total # of T-shirts order: _____ **Total Cost:** _____

I will provide payment with my order form.

Parent Signature

Date