

Summer Day Camp Registration Form 2026

All registration forms and deposits must be brought to the Monroe Aquatics and Fitness Center Front Desk to reserve your child's space for summer camp.
Camp participants must be active MAFC members. One registration form is required per camper.

Child's
Membership Card #

Child's Name: _____ Nickname: _____

Age (as of June 8th): _____ Date of Birth: ____/____/____ Grade completed: _____ (must have completed kindergarten)

Address: _____ City: _____ State: ____ Zip: _____

Guardians' Names: _____ Main # (____) _____

Email: _____

Check all weeks you wish for your child to attend:

Week 1: _____ (June 8th – 12th)

Week 2: _____ (June 15th – 19th)

Week 3: _____ (June 22nd – 26th)

Week 4: _____ (June 29th – July 3rd)

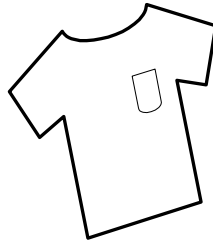
Week 5: _____ (July 6th – 10th)

Week 6: _____ (July 13th – 17th)

Week 7: _____ (July 20th – 24th)

Week 8: _____ (July 27th – July 31st)

Week 9: _____ (August 3rd – 7th)



Each child will receive one
MAFC Summer Day Camp T-shirt

Please circle T-shirt size below:

Child Sizes

S M L

Adult Sizes

S M L XL

I would like to purchase a 2nd t-shirt for \$15 ____

Cutoff date for second shirt: 5/4/2026

The Monroe Aquatics and Fitness Center Summer Camp tuition is \$175/per week. To reserve your camper's week, a \$20 deposit per week, per camper, is required at time of registration. **The \$20 deposit is applied to the total \$175 per week tuition and is non-refundable.** Fees can be paid by credit card, check, cash or money order. Final payments must be made by Monday, two weeks prior to the week of camp that your child will be attending. Payments can be dropped off, mailed or submitted to camp registrar. Carowinds trip(s) require a \$35.00 non-refundable deposit per week per camper before 6/8/2026 or proof of current Season Pass to secure space-no exceptions. \$35.00 non-refundable deposit will be applied to price of ticket.

Cancellation and Refund policy: A two-week notice is required for cancellations and a refund (minus the \$20 deposit). For a cancellation after the two week notice time has expired, refunds will be issued on a case by case basis.

By initialing in the box to the right, you are acknowledging and accepting the MAFC Summer Camp payment and refund policy.

Guardian Initials

Assumption of Risk:

I understand and recognize there are certain risks inherent with participation in Day Camp programs. I expressly acknowledge that I assume all risk for any and all injuries and illnesses, which may result from his/her participation or transportation to or from these activities. In consideration of the privilege of participation in the Monroe Aquatics and Fitness Center Day Camp program, I hereby voluntarily release and discharge the City of Monroe, agents, and employees from any and all claims for injuries, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities.

I hereby give permission to the medical personnel selected by the Monroe Aquatics and Fitness Center to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Monroe Aquatics and Fitness Center staff to secure and administer treatment including hospitalization, for my child. I understand that no accident or medical insurance is provided with this camp program.

I give permission to the Monroe Aquatics and Fitness Center, without limitation or obligation, to use photographs or film footage, which may include my child's image for promotional purposes, including but not limited to; flyers, advertisements, and social media.

I give my consent for my child to leave the Monroe Aquatics and Fitness Center site, participate in authorized trips and ride in authorized vehicles for the purpose of transportation in connection with the Camp Program.



Guardian Signature: _____

Date: _____

MAFC Summer Camp Enrollment Information and Emergency Form

Child's Name: _____ **Age:** _____ as of 6/08/26

Guardian #1 Name: _____ Work # _____ Cell # _____

Guardian #2 Name: _____ Work # _____ Cell # _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Camp Siblings: _____

Restrictions to Activities: _____

Please list any allergies (drug, food, or other): _____

Is your child currently taking medication? _____ If so, describe: _____

Physician or Clinic: _____ Phone: _____

Authorized Person(s) to pick up your child from camp (in addition to Guardians listed above):
(These people must have a photo ID to pick up your child)

1. _____
2. _____
3. _____
4. _____
5. _____

Swimming Ability...We Get WET ALL SUMMER!

Please check all that apply for your child:

- ☐ Can put face in water
- ☐ Can float
- ☐ Comfortable in deep water
- ☐ Can swim across deep end of pool



To my knowledge, the above information is accurate.
I have read and fully understand the information in the Parent's Packet.

Guardian Signature

Date

