



Just4Fun Camp

Announcing the 2024 Just4Fun Camp

ABOUT THE CAMP

At the Just4Fun Camp, campers will engage in activities and games typically seen in their physical education classes. They will get a chance to play some of their favorites, as well as learning new ones. Through positive social interaction, campers will learn the importance of fair play and sportsmanship in an environment where everyone has fun.

INFORMATION

WHO: All children ages 5-13 (Kindergarten – 8th grade)

WHEN: June 10-13, 2024 (Monday-Thursday)

TIME: 9:00a.m. – 3:00p.m.

WHERE: Springhouse Middle School

COST: \$180

REGISTRATION

For more information about the camp and to complete the registration form, please visit the camp website below.

Camp Website: sites.google.com/view/just4funcamp

Name of Camper _____

Address _____

City _____ **State** _____ **Zip** _____

Contact Info (1) - Name _____ **Phone** _____

Contact Info (2) - Name _____ **Phone** _____

Medical Concerns _____

Age _____ **Gender** _____ **Grade in Sept. 2024** _____

Email (for registration confirmation) _____

Camp Cost - \$180

Check Payment - Please make checks payable to Joseph O'Brien and mail along with the completed registration form to the address below:

Joseph O'Brien
3303 S. 2nd Avenue
Whitehall, PA 18052

Venmo Payment - Payment can be sent through the Venmo app to @mrphysed1977. Completed registration must be sent via email to obrienj2@parklandsd.net or mailed to the address listed above. *Please include Venmo username below to match payment with registration information.*

Venmo Username (for Venmo payment only) _____

Parental Consent

I hereby grant permission for my child to attend the Just4Fun Camp and verify that my child has received a physical examination in the past year and is physically capable of participating in the activities related to the camp. In case of any emergency requiring medical attention, I hereby authorize the staff of the Just4Fun Camp to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the camp and/or its agents or employees from all liability or illness to my child as well as any injury or damage caused by my child while my child is at the camp. I verify that my child is covered under a current medical insurance plan. I also understand that for liability reasons this camp is not a Parkland School District sponsored activity.

X _____ **Date** _____

Must be signed by Parent or Guardian