



2025 Camp Chipewee Registration Form



Participant's Name _____ (circle one) MALE FEMALE

Address _____ Participant's Age _____

City _____ State _____ Zip _____ Home Phone _____

Participant's DOB _____ Participant's Grade (Fall 2025) _____

Parent's Name _____ Cell Phone _____

Emergency Contact _____ Emergency Phone _____

Dates: Time: 10am-2pm	Days (Circle days attending)	Daily Fees	Total Per Week
Week #1 June 16, 17, 18, 19	M – T – W – R	\$20.00 (resident) \$30.00 (non resident)	
Week #2 June 23, 24, 25, 26	M – T – W – R	\$20.00 (resident) \$30.00 (non resident)	
No Camp Week of June 30- July 4			
Week #3 July 9, 8, 9, 10	M – T – W – R	\$20.00 (resident) \$30.00 (non resident)	
Week #4 July 14, 15, 16, 17	M – T – W – R	\$20.00 (resident) \$30.00 (non resident)	
Week #5 July 21, 22, 23, 24	M – T – W – R	\$20.00 (resident) \$30.00 (non resident)	
Week #6 July 28, 29, 30, 31	M – T – W – R	\$20.00 (resident) \$30.00 (non resident)	
Week #7 Aug. 4, 5, 6, 7	M – T – W – R	\$20.00 (resident) \$30.00 (non resident)	

Total Paid: _____

The undersigned individual, (parent or guardian if under age 18) represents that the restraint is in good health and can participate in the above listed activity and with prior knowledge of the physical nature of the activity releases Monroeville Department of Recreation and Parks, Municipality of Monroeville, and the Gateway School District from any and all responsibility for injury to the registrant through negligence or otherwise while he/she is participating in the activity. The parent, guardian or participant assumes all risks inherent in the activity and will hold the Monroeville Recreation Department, Municipality of Monroeville and the Gateway School District harmless from any and all claims or causes of action that may arise from this activity. The undersigned individual also hereby gives permission to Monroeville Department of Recreation and Parks to use photographs of the participant for the promotion of Monroeville Recreation and Parks events and programs. The participant agrees to hold Monroeville free and harmless from liability of any nature.

Parent or legal Guardian's Signature

Date

FULL PAYMENT IS REQUIRED AT THE TIME OF REGISTRATION.

Registrations will not be completed until full payment and completed applications are received. If participants are receiving assistance, it is the parents/guardians responsibility to work with the agencies on receiving payment.

Please make checks payable to: **Municipality of Monroeville**

Mail in Forms w/ full payment to: **Monroeville Recreation & Parks Department**
Attn: Danielle Cole
2700 Monroeville Blvd.
Monroeville, PA 15146



Office Registration Hours:

Monday-Friday (9am-4pm)

For More information call: 412-856-1006

Camp Chipewee Camper Application

Name: _____ Age: _____

Address: _____
Street City Zip Code

Parents/Guardian's Name: _____

Primary Phone #: _____ Emergency Phone #: _____

Health Conditions:

Does your child have seizures? Yes _____ No _____

Nature of Handicap: Mental _____ Physical _____ Both _____

Degree of Handicap: Severe _____ Moderate _____ Borderline _____

Does your child use any special equipment? (EX: Braces, wheel chair)

Yes _____ No _____ If yes, what? _____

Speech: Good _____ Intelligible _____ Defective _____ Nonverbal _____

Special signs to indicate needs: _____

Additional comments: _____

Sight: Good _____ Fair _____ Poor _____ Does your child wear glasses? Yes _____ No _____

Additional comments: _____

Hearing: Good _____ Fair _____ Poor _____

Additional comments: _____

Eating: Self-sufficient _____ Needs Assistance _____

Please specify assistance needed:

Allergies:

Dressing: Self-sufficient _____ Needs Assistance: _____

Please specify assistance needed:

Is your child toilet-trained? Yes _____ No _____

Is your child immunized? Tetanus _____ Smallpox _____ Polio _____ Measles _____