

# Tredyffrin Township Summer Day Camp



at

## Wilson Farm Park



**TYKES CAMP:** For boys & girls, ages 3 ½ – 5 at Wilson Farm Park Concession Pavilion.

**All Tykes campers must be fully toilet trained, no pullups.**

**SCHOOL AGE CAMP:** For boys & girls, ages 6 – 12 at Wilson Farm Park Concession Pavilion (child must have completed Kindergarten).

**DATES:** Weekdays; June 22, 2026 through July 31, 2026

**LOCATION:** Wilson Farm Park, 500 Lee Road, Chesterbrook, PA

**TIMES:** 9:00 AM – 12:00 Noon

**FEES:** Tredyffrin Residents - \$100/week (\$80 – week of June 29<sup>th</sup>)  
Non-Tredyffrin Residents - \$125/week (\$100 – week of June 29<sup>th</sup>)

**NO CAMP ON THE FOLLOWING DATE:**

- **JULY 3, 2026**

**PLEASE NOTE: THERE IS NO RAIN SITE AVAILABLE FOR CAMP  
CAMP WILL BE CANCELLED IN THE EVENT OF HEAVY RAIN**

Complete and return application to: Tredyffrin Township, 1100 DuPortail Road, Berwyn, PA 19312

Make Checks Payable to: TREDYFFRIN TOWNSHIP

**\*\*No Refunds\*\***

**Camp Registration For:** Tykes Camp: \_\_\_\_\_ School Age Camp: \_\_\_\_\_

**Camp Week:**

June 22 – June 26 \_\_\_\_\_

June 29 – July 2 \_\_\_\_\_

July 6 – July 10 \_\_\_\_\_

July 13 – July 17 \_\_\_\_\_

July 20 – July 24 \_\_\_\_\_

July 27 – July 31 \_\_\_\_\_

**Camper Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_ M  or F

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Township: \_\_\_\_\_ Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Grade as of September 2026: \_\_\_\_\_ School: \_\_\_\_\_

**Friend or Group Request:** \_\_\_\_\_

***We will do our best to accommodate requests. Limited changes are possible at camp.***

Parent/Guardian: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Medical Information:**

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Problems/Allergies/Medications/Special Needs: \_\_\_\_\_

Allergy to Specific Food(s): \_\_\_\_\_ Allergy to Bee Stings: Yes  or No

Health Insurance Co.: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Applications are due to the Township by 3 PM the Wednesday prior to the week requested.

***Applications are accepted on a first come/first served basis as space is available.***

**Liability Waiver – Park & Recreation Participant**

The undersigned participant and/or their guardian, in consideration for Tredyffrin Township through its Recreation Programs providing facilities, instructions, transportation and supervision in the activity for which the participant has registered does hereby:

1. Request permission to participate in the activity with the full knowledge that said activity could result in personal injury to me or damage to my personal property.
2. Assume all risks and responsibilities of possible damage or injury involved through participation in said activity. I understand I am to furnish my own insurance in case of injury.
3. Agree to indemnify and hold harmless the Township and its department and agents for personal injury or property damage to other parties resulting from my participation or the participation of minors in my custody while engaged in said activity.
4. I agree that Township shall have the right to enforce activity rules and terminate participation by anyone failing to comply with said rules.
5. I will furnish a certified certificate of birth or proof of birth of the above names upon request by the Recreation Director (program description will indicate if the proof of birth is required at the time of registration).
6. Waive the right to dispute all proper charges once the participant has registered and/or participated in the Parks and Recreation program, trip or special event which the registration form was received.
7. Agree to reimburse Township for any and all fees incurred for wrongfully disputing a credit charge.

**Signature of Parent/Legal Guardian of Minor Participant (min. age 18):**

X \_\_\_\_\_ Date: \_\_\_\_\_

**Photo/Video Release**

I hereby give my permission for images of my child, captured during day camp and camp activities through video, photo, or digital camera, to be used solely for the purposes of Tredyffrin Township Recreation promotional materials, publications, and photo galleries, and waive any rights of compensation or ownership thereto.

**Campers Name (Printed):** \_\_\_\_\_

**Parent/Guardian's Name (Printed):** \_\_\_\_\_

**Parent/Guardian Signature:** X \_\_\_\_\_ **Date:** \_\_\_\_\_