



Camp Selection Form

Parent/Guardian: Name: _____ Phone: _____

Camper #1: Name: _____ Grade Completed: _____ Date of Birth: _____

Shirt Size (Y XS - Adult M): Youth: _____ Adult: _____ # of Shirts* _____

***Camper T-shirts:** Each camper receives one t-shirt with camp registration (Sizes Youth XS - Adult M). Additional shirts are available for \$15 each.

Check weeks/camps attending and return with registration form per camper.

	School Age Camp	Specialty Camp	Academic Camp
Week	Program	Program	Program
Week 1: June 21 - 25	<input type="checkbox"/> School Age		
Week 2: June 28 - July 2	<input type="checkbox"/> School Age		
Week 3: July 5 - 9 <small>(no camp on July 5)</small>	<input type="checkbox"/> School Age		
Week 4: July 12 - 16	<input type="checkbox"/> School Age	<input type="checkbox"/> Drone Aviation	
Week 5: July 19 - 23	<input type="checkbox"/> School Age	<input type="checkbox"/> Movie Maker	
Week 6: July 26 - 30	<input type="checkbox"/> School Age	<input type="checkbox"/> Bloxel	
Week 7: August 2 - 6	<input type="checkbox"/> School Age		<input type="checkbox"/> Kindergarten Enrichment
Week 8: August 9 - 13	<input type="checkbox"/> School Age		<input type="checkbox"/> Kindergarten Enrichment
Week 9: August 16 - 20	<input type="checkbox"/> School Age		

Payment Policy: One week's tuition is due at time of enrollment. We will apply the deposit to the final week of camp. Weekly camp fees are due every Monday morning at drop-off. We will charge a \$25 late fee if payment is not received by 12 pm Tuesday.

Cancellation Policy: We are committed to operating the 2021 camp season for you and your family. However, during this time of uncertainty, we would like to provide you some comfort and flexibility when enrolling in camp 2021.

If you enroll in camp and your plans change, or you have concerns about your child attending camp this summer, you can receive a full refund/credit for camp tuition, less registration fee. Program change request must be received two weeks prior to enrolled camp session start date.

Participants who do not attend their registered camp session, or who do not contact us to cancel two weeks prior to start date, will not receive a refund or credit.

Camp Registration Form

School#

School Name

Camper	Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Birth Date _____ Grade in Fall: _____
	Address: _____ City: _____ State _____ Zip _____
	Does your child live with both parents? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If not, please describe custody arrangement & provide documentation. _____
	Does your child know how to swim? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you give permission for your child to swim in camp programs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child permitted to participate in all activities on camp field trips? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Parent/ Guardian	Name: _____ Cell Phone _____
	Work Phone _____ Home Phone: _____
	Address: _____ City: _____ State _____ Zip _____
	Email _____ Employer name & address _____

Other Parent/ Guardian	Name: _____ Cell Phone: _____
	Work Phone: _____ Home Phone: _____
	Address: _____ City: _____ State: _____ Zip: _____
	Email: _____ Employer name & address: _____

Others Authorized	Other Individuals Authorized to Pick-Up This Child	
	Name: _____	Relationship: _____
	Address: _____	Cell Phone: _____
	Name: _____	Relationship: _____
	Address: _____	Cell Phone: _____

Medical Information	Child's Physician _____ Physician's Phone _____
	Child's Dentist/Orthodontist _____ Dentists/Orthodontist's Phone _____
	Medical Insurance Provider (Please submit a copy of insurance card) _____ Policy Number _____
	Health History (Choose all that apply & provide copy of immunizations)
	<input type="checkbox"/> Ear Infection <input type="checkbox"/> Convulsions <input type="checkbox"/> Asthma <input type="checkbox"/> Bleeding/Clotting Disorder
	Allergies <input type="checkbox"/> Pollen <input type="checkbox"/> Poison Oak/Ivy/Sumac <input type="checkbox"/> Penicillin <input type="checkbox"/> Insect Stings (Specify) _____
	<input type="checkbox"/> Foods (Specify) _____ <input type="checkbox"/> Other (Specify) _____
	Operations, serious injuries, diseases, or restrictions on physical activity: _____
	Current medication and purpose (all medication sent to camp must be given to camp director and clearly labeled with doctor's instructions)

Behavioral conditions or problems of which camp staff should be aware _____	

Parent Authorization/Medical Release: The information provided is correct to the best of my knowledge, and the person described has my permission to engage in all prescribed camp activities, except if noted by me. In the case of sickness or accident, I hereby give permission to the medical personnel selected by the camp representatives to order x-rays, routine tests, treatment, dental work, and necessary transportation for the recipient at my expense. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp representative to secure and administer treatment, including hospitalization, for my child as named above. This form may be photocopied for use away from the main program site. I authorize the camp staff to apply sunscreen to my child's exposed skin on an as needed basis—if child needs assistance. All photos that are taken of my child may be used for promotional purposes.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____