

CAMP EXPLORERS REGISTRATION FORM

June 21 – August 6, 2010



Children's Name(s) PLEASE PRINT ALL INFORMATION CLEARLY

Last _____ First _____ Boy/Girl _____ Birthday _____ Grade Entering _____

Address _____

City _____

State/Province _____ Zip/Postal code _____

Mother's Name _____

Home# _____ Work# _____

Cell# _____ Email _____

Father's Name _____

Home# _____ Work# _____

Cell# _____ Email _____

Emergency Contact 1: _____ Emergency Contact 2: _____

Name _____

Relationship _____

Address _____

Home phone _____

Cell phone _____

Medical Information: _____

Special medications or pertinent information: _____

Allergies: (if many, please enclose separate sheet) If none, please circle NONE

AUTHORIZATION TO TREAT A MINOR

I/We the undersigned parent(s) or legal guardian(s) of the above named minor child(ren), do hereby authorize and give consent to Camp to provide all emergency, medical or dental care prescribed by adult licensed Physician (M.D.) or Dentist (D.D.S.). This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent(s). It is understood that every effort will be made to contact the undersigned prior to rendering treatment to the patient, but that none of the above treatment will be withheld if the undersigned cannot be reached. I understand that my personal health/accident insurance will serve as my child's primary coverage and that Camp's insurance will be secondary to that.

Signature _____ Date _____

CAMP FIELD TRIPS/ACTIVITIES:

I/We give permission for the above named child(ren) to participate in all camp field trips and activities.

Signature _____ Date _____

Registration Fees:

	QTY	Per Child	Sub Total
Application Fee: (non-refundable)	___	x \$50.00	= \$ _____
Full 7 Weeks:	___	x \$1695.00	= \$ _____
Weekly:			
Week 1: June 21-June 25	___	x \$295.00	= \$ _____
Week 2: June 28-July 2	___	x \$295.00	= \$ _____
Week 3: July 5-July 9	___	x \$295.00	= \$ _____
Week 4: July 12-July 16	___	x \$295.00	= \$ _____
Week 5: July 19-July 23	___	x \$295.00	= \$ _____
Week 6: July 26-July 30	___	x \$295.00	= \$ _____
Week 7: Aug 2-Aug 6	___	x \$295.00	= \$ _____
Lunch Program:			
Mon., Wed., Fri.	___	x \$195.00	= \$ _____
Fri. Only: Pizza & Salad	___	x \$75.00	= \$ _____
T-Shirts: (1st one Free)			
Additional T-s	___	x \$10.0	= \$ _____
Camp Backpack			FREE!

Total: \$ _____

PLEASE INCLUDE A CURRENT PHOTO OF YOUR CHILD WITH THE APPLICATION