



Adventure Camp 2010

Child's full name: _____ Date of birth: *dd/mm/yy*

Name child responds to: _____ Age on July 23rd _____

Home phone number: _____

School: _____ Grade completed: _____

Does this child have any allergies or illnesses of which we should be aware?: _____

If yes, please explain: _____

Parent/Guardian Information

(1) Name: _____ Relationship to child: _____

Home Phone: _____ Cellular phone: _____

Employer: _____ Work phone: _____

Email address (please print): _____

(2) Name: _____ Relationship to child: _____

Home Phone: _____ Cellular phone: _____

Employer: _____ Work phone: _____

Email address (please print): _____

Persons authorized to collect this child: _____

Persons NOT authorized to collect this child: _____

Please share with us special instructions and/or additional information about your child in order to enhance his/her experience at summer camp: _____

Attendance Dates

____ Week 1: June 21st - 25th

____ Week 2: June 28th – July 2nd

____ Week 3: July 5th – 9th

____ Week 4: July 13th – 16th

____ ***Week 5 – Show Week!: July 19th -23rd**

*** For children enrolled during Show Week, please include clothing size: _____**

Parent Responsibilities

I understand that I am responsible for all expenses incurred by my child. These include lunches, snacks and after care fees.

_____ *My child has my permission to order snacks and/or lunches.*

_____ *My child will bring all he/she needs from home and does not have permission to order additional items.*

I further agree not to bring my child to camp if he/she is experiencing signs of illness.

Print name: _____

Signed: _____

Relationship to child: _____

