

2019 SUMMER CAMP REGISTRATION

All Camps are \$215 \$50 Deposit Due at Registration

CAMPERS NAME: _____

DOB: _____ AGE: _____ GRADE: _____ GENDER: _____

T:SHIRT SIZE (circle one) Youth: XS S M L XL Adult: S M L XL

REGISTERING FOR (Check all that apply):

- | | |
|---|--|
| _____ Gardening June 17 th -21 st (Ages 4-6) | _____ Superhero Camp July 29 th -August 2 nd (Ages 4-6) |
| _____ Gardening June 17 th -21 st (Ages 7-10) | _____ Mission Impossible July 29 th -August 2 nd (Ages 7-10) |
| _____ Art Week June 24 th -28 th (Ages 4-6) | _____ Scientists In Training August 5 th -August 9 th (Ages 4-6) |
| _____ Art Week June 24 th -28 th (Ages 7-10) | _____ Scientists in Training August 5 th -August 9 th (Ages 7-10) |
| _____ Stars & Stripes July 1 st -5 th (Ages 4-6) Prorated Price: \$190 | _____ Kids On The Run August 12 th - August 16 th (Ages 4-6) |
| _____ Stars & Stripes July 1 st -5 th (Ages 7-10) Prorated Price: \$190 | _____ Junior Builders Academy August 12 th -August 16 th (Ages 7-10) |
| _____ Dino Discovery July 8 th -July 12 th (Ages 4-6) | _____ Rockets & Planes August 19 th - August 23 rd (Ages 4-6) |
| _____ Dino Discovery July 8 th -July 12 th (Ages 7-10) | _____ Rockets & Planes August 19 th - August 23 rd (Ages 7-10) |
| _____ LEGO Builders July 15 th -July 19 th (Ages 4-6) | _____ Learn to Sew August 26 th - August 30 th (Ages 4-6) |
| _____ LEGO Builders July 15 th -July 19 th (Ages 7-10) | _____ Sew Happy August 26 th - August 30 th (Ages 7-10) |

PARENT/GUARDIAN NAME(S): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CELL# _____ WORK# _____ EMAIL: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

HOME # _____ CELL # _____

Children must be signed in/out daily. List any additional person authorized to sign child in/out of camp:

_____ RELATIONSHIP: _____ PHONE # _____

_____ RELATIONSHIP: _____ PHONE # _____

Is your child allergic to any medication and/or foods? YES _____ NO _____

If yes, please list: _____

Does your child require any special accommodations? If yes, please describe: _____

of Camps: _____ Payment Method (circle one): Credit Card Cash Check

Deposit: _____ Credit Card # _____ Exp: _____ Sec Code: _____

(Credit Cards will charged the first day of camp)

Remaining Balance (due the first day of camp): _____

Signature: _____ Date: _____

***PLEASE BE SURE TO FILL OUT OUR LIABILITY WAIVER PRIOR TO CHILD ATTENDING CAMP. AVAILABLE ON THE BOTTOM OF OUR WEBSITE. (WWW.CABINFEVERPLAYCENTRE.COM)**