



2018 Kid's Club Registration Form

June 12-August 3

One Registration Form must be completed for each camper

Child's Name: _____ Age: _____ Birth Date: _____ Phone: _____

Mother's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Mother's E-Mail Address: _____ Contact Number: _____

Father's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Father's E-Mail Address: _____ Contact Number: _____

Emergency Contact (other than parent) : _____ Contact Number: _____

Weeks Attending: (Please circle all that apply)

June 12-15
June 18-22
June 25-29
July 2-3 (short week for holiday)
July 9-13
July 16-20
July 23-July 27
July 30-August 3

Fees: (Please circle one)

Member Weekly: \$160
Member Daily: \$40
Non-Member Weekly: \$210
Non-Member Daily: \$50

Credit Card Type: _____ Card Number: _____ Expiration Date: _____

Name on the Card: _____

Any health problems or allergies? _____

Medication to be taken during camp? _____

Limitations? _____

Is there anything you would like to share about your child? _____

Medical Release

IN CASE OF MEDICAL EMERGENCY, I understand every effort will be made to contact parent or guardians of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the Activities Director to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child, as named above.

Parent / Guardian Signature _____ Date _____

Camper's Physician: _____ Phone number: _____

Hospital of Choice: _____