



Camper ID: \_\_\_\_\_

Please fill out one registration per child:

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Sex: M F

Names of Sibling's In Program: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_/\_\_\_\_\_

Spa 23 Member # \_\_\_\_\_

Cell Phone: \_\_\_\_\_/\_\_\_\_\_

Work Phone: \_\_\_\_\_/\_\_\_\_\_

Home Phone: \_\_\_\_\_/\_\_\_\_\_

Parents' Emails: \_\_\_\_\_/\_\_\_\_\_

Camper Email: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Alternate Emergency Phone: \_\_\_\_\_

Copy of Insurance Card Required. Provider: \_\_\_\_\_

Please list any allergies, special circumstances or restrictions we should be aware of concerning your child:\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* We do not dispense medication to campers

By signing below I agree that my child has permission to engage in all camp activities, unless specifically noted on the Medical Form. In the event of an emergency I give consent to authorized Spa 23 staff to act accordingly until I can be contacted. In the event that I cannot be contacted in an emergency, I hereby give permission to the Spa 23 Management to secure and administer treatment, including hospitalization for my child. Permission is granted for the Spa 23 staff to take my child on any trips as part of the camp program. I understand that Spa 23 reserves the right to suspend or dismiss any camper if his or her conduct is detrimental to the wellbeing of the camp or any other campers. There are no credits or refunds for suspensions, dismissals, or cancellations .

**\*By signing below I understand my child will not be admitted to Camp Spa 23 if I do not have a yearly updated Health/Immunization record submitted by June 1, 2010**

Print Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spa 23 Staff Signature \_\_\_\_\_

# CAMP Spa 23

Camper ID: \_\_\_\_\_

- Choose the weeks your camper will attend:
- \_\_\_\_ Week ONE: June 21-25
  - \_\_\_\_ Week TWO: June 28-July 2
  - \_\_\_\_ Week THREE: July 5-9
  - \_\_\_\_ Week FOUR: July 12-16
  - \_\_\_\_ Week FIVE: July 19-23
  - \_\_\_\_ Week SIX: July 26-30
  - \_\_\_\_ Week SEVEN: August 2-6
  - \_\_\_\_ Week EIGHT: August 9-13
  - \_\_\_\_ Week NINE: August 16-20
  - \_\_\_\_ Week TEN: August 23-27
  - \_\_\_\_ Week ELEVEN: August 30-Sept 3

Family Registration Fee:

\_\_\_\_\$29 Member \_\_\_\_\$49 Non-Member

\$ \_\_\_\_\_

Paid by sibling (name): \_\_\_\_\_

Camper #: \_\_\_\_\_

Will your child be needing:

Before Care: 1 2 3 4 5 6 7 8 9 10 11

After Care: 1 2 3 4 5 6 7 8 9 10 11

Before **OR** After Care #of weeks \_\_\_\_ X \$29 =

\$ \_\_\_\_\_

Before **AND** After Care #of weeks \_\_\_\_ X \$49 =

\$ \_\_\_\_\_

Lunch Package: 1 2 3 4 5 6 7 8 9 10 11

Lunch Package # of weeks \_\_\_\_ X \$39 =

\$ \_\_\_\_\_

T-Shirt Size: XS S M L XL

Extra T-Shirt: \_\_\_\_\_ (@ \$12 each) =

\$ \_\_\_\_\_

Camp Hat: \_\_\_\_\_ (@ \$15 each) =

\$ \_\_\_\_\_

Camp Bag: \_\_\_\_\_ (@ \$10 each) =

\$ \_\_\_\_\_

Swim Lessons: 1 2 3 4 5 6 7 8 9 10 11

Swim Lessons # of weeks \_\_\_\_ X \$69 =

\$ \_\_\_\_\_

Martial Arts: 1 2 3 4 5 6 7 8 9 10 11

Martial Arts # of weeks \_\_\_\_ X \$29 =

\$ \_\_\_\_\_

Uniform \$19.95 \_\_\_\_\_

(free with 4+ weeks)

Size: XS S M L XL

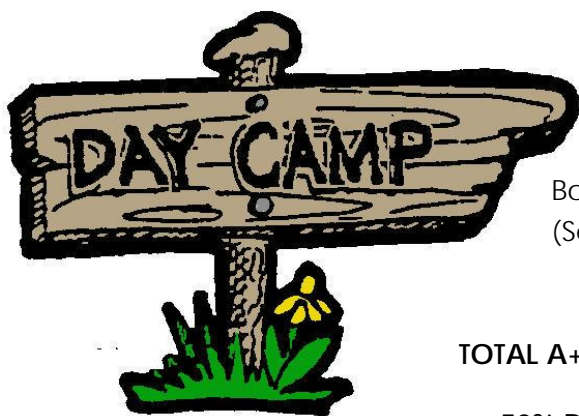
\$ \_\_\_\_\_

Bonus Programs: 1 2 3 4 5 6 7 8 9 10 11

(See Flyer) # of weeks \_\_\_\_ X \$29 =

\$ \_\_\_\_\_

TOTAL A \$ \_\_\_\_\_



TOTAL A+B = \$ \_\_\_\_\_

TOTAL B \$ \_\_\_\_\_

50% Deposit \$ \_\_\_\_\_ (Only available till December 31, 2009)

50% Balance \$ \_\_\_\_\_ (To be automatically charged or debited March 15, 2010)

This Credit Card will be kept on file to be used for all camp incidentals/charges: Initial: \_\_\_\_\_

(There are no credits or refunds for suspensions, dismissals, or cancellations.)

Discount based on the number of weeks at time of purchase. There is a \$15 charge for week adjustments.

\_\_\_\_ Check # Visa\_\_ MC\_\_ Amex\_\_ Disc\_\_ Card Number \_\_\_\_\_ Exp. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Spa 23 Staff Signature \_\_\_\_\_