

****Most recent physical form, immunization records, copy of health insurance card, field trip release form, and camp release form are required before the start of camp.**

REGISTRATION



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: _____

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

* Please be aware that 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 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 walk my child to and from Spa 23 and PV Park and to take my child on any trips as part of the camp program. I hereby give Spa 23 permission to photograph my child and use the photographs for marketing and promotion without any compensation. I understand that Spa 23 reserves the right to suspend or dismiss any camper if his or her conduct is detrimental to the well being 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 until I have submitted the CAMP Spa 23 Health Form and copy of my Insurance Card.**

Print Parent/Guardian Name: _____

Signature: _____ Date: _____

Camper ID: _____ Child's Name: _____ Grade: _____

Choose the weeks your camper will attend:

- ____ Week ONE: June 26-30
- ____ Week TWO: July 3 - 7 **
- ____ Week THREE: July 10-14
- ____ Week FOUR: July 17-21
- ____ Week FIVE: July 24-28
- ____ Week SIX: July 31- Aug 4
- ____ Week SEVEN: Aug 7-11
- ____ Week EIGHT: August 14-18
- ____ Week NINE: August 21-25
- ____ Week TEN: August 28- Sept 1

**camp closed 7/4

There is a \$15 charge for week changes.

Platinum Camper 15%+ Savings!

All-Inclusive CAMP Package

1-2 weeks: ____ X \$419/\$455.* = \$ _____

3-7 weeks: ____ X \$389/\$425.* = \$ _____

8+ weeks: ____ X \$379/\$415.* = \$ _____

***4 year old all inclusive per week**

****deduct \$20 /week for C.I.T. pricing**

Nonmember # Weeks: ____ X \$29 = \$ _____

PLATINUM TOTAL \$ _____

Discount based on the number of weeks at time of purchase.

1-2 weeks: ____ X \$199 = \$ _____

3-7 weeks: ____ X \$179 = \$ _____

8+ weeks: ____ X \$169 = \$ _____

4 Year Old: ____ X \$39 = \$ _____

Non-Member: ____ X \$29 = \$ _____

***deduct \$20/week for C.I.T. pricing**

TOTAL A \$ _____

TOTAL A+B = \$ _____

Family Processing 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

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

Before Care #of weeks ____ X \$29 =

After Care #of weeks ____ X \$29 =

Hot Breakfast: 1 2 3 4 5 6 7 8 9 10

Breakfast Package # of weeks ____ X \$25 =

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

of weeks ____ X \$39 =

OR

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

Pizza Lunch # of Fridays ____ X \$8 =

T-Shirt Size: YXS YS YM YL AS AM AL AXL

Extra T-Shirt: ____ X \$12 =

Camp Hat: ____ X \$15 =

Camp Bag: ____ X \$10 =

Camp Bottle: ____ X \$5 =

Bonus Program: 2 3 4 5 6 7 8 9

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

Math Refresher: 2 3 4 5 6 7 8 9

of weeks ____ X \$29 =

Martial Arts: 2 3 4 5 6 7 8 9

of weeks ____ X \$29 =

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

of weeks ____ X \$69 =

Field Trip: 1 2 3 5 7 9 10

Full Day Trip: 4 6 8

Field Trips # of weeks ____ X \$25* =

Water Park # of weeks ____ X \$55* =

Note: *Adjust for Lunch, After Care, and Programs

Birthday Celebration: Date of celebration: _____

Turning what age _____ \$49=

TOTAL B \$ _____

Additionally I authorize Spa 23 to charge my credit card on file in lieu of presenting it for any services received, at my request: Initial: _____

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

Check # _____ Visa__ MC__ Amex__ Disc__ Card Number _____ Exp _____

Signature _____ Date _____

Spa 23 Staff Signature _____