

Drop in Registration



Camper ID: _____

Please fill out one registration per child:

Child's Name: _____ Sex: M F

Date of Birth: _____ Grade Entering: _____

Names of Sibling's In Program: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent's Name(s): _____ Member of Spa 23: Y N

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Parent's Email: _____

Camper Email: _____

Emergency Contact: _____ Emergency Phone: _____

Alternate Contact: _____ Alternate Phone: _____

Copy of Insurance Card Required. Provider: _____

Please List any food or other allergies: _____

Any special circumstances or restrictions we should be aware of concerning your child: _____

Date(s) of Drop In Registration: _____

Member	Non-Member	
# of days _____ x \$49 =	# of days _____ x \$59 =	\$ <input style="width: 50px;" type="text"/>
4 Year Old Child _____ x \$59 =	4 Year Old Child _____ x \$69 =	
Teen Camper _____ x \$49 =	Teen Camper _____ x \$59 =	\$ _____
Processing fee: _____ \$29 member _____ \$49 nonmember = (one time fee per family.)		
Before or After care: # _____ x \$7 =		\$ _____
Before AND After care: # _____ x \$14 =		\$ _____
Lunch Package: # _____ x \$8 =		\$ _____
Breakfast Package: # _____ x \$5 =		
Camp t-shirt must be worn every day of camp		
T-Shirt Size: YXS YS YM YL XS S M L XL L XL		
Extra T-Shirt: # x \$12 =		\$ _____
Camp Hat: # x \$15 =		\$ _____
Camp Bag: # x \$10 =		\$ _____

This Credit Card will be kept on file to be used for all camp incidentals/charges: Initial: _____ -
 Check # Visa__ MC__ Amex__ Disc__ Card Number Exp _____ **TOTAL** \$

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

Signature _____ Date _____

***By signing below I understand my child will not be admitted to Camp Spa 23 if I do not have a yearly up-dated Health/Immunization record submitted by my first day of camp.**

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 authorize Spa 23 staff to act accordingly until I can be contacted. In the event 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 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 from camp.

Print Parent/Guardian Name: _____ Signature: _____

Date: _____

*Please Note: Health/Immunization Record MUST be submitted before entering camp.

Spa 23 Staff Signature: _____