

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

REGISTRATION 2018



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 25-29
- ____ Week TWO: July 2-6 **
- ____ Week THREE: July 9-13
- ____ Week FOUR: July 16-20
- ____ Week FIVE: July 23-27
- ____ Week SIX: July 30- Aug 3
- ____ Week SEVEN: Aug 6-10
- ____ Week EIGHT: August 13-17
- ____ Week NINE: August 20-24
- ____ Week TEN: August 27-31

**camp closed 7/4

There is a \$39 charge for week changes.

Member:

of weeks _____ X \$199 =

Guest:

of weeks _____ X \$228 =

Pre-K:

of weeks _____ x \$39 =

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 =

Daily M T W Th F # of days _____ X \$5.50 =

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

of weeks _____ X \$39 =

Daily M T W Th F # of days _____ 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 3 5 9 10

Full Day Trip: 2 4 6 7 8

Field Trips # of weeks _____ X \$29* =

Water Park # of weeks _____ X \$59* =

Birthday Celebration:

Date of celebration: _____ X \$49 =

Turning what age? _____

TOTAL A =

TOTAL B

TOTAL A+ 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 _____