

Drop in Registration

2019



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: _____

Emergency Contact: _____ Relation: _____

Emergency Phone: _____

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

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.

***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.**

Print Parent/Guardian Name: _____

Signature: _____ Date: _____

Choose the weeks your camper will attend:

- _____ Week 1 : June 24-8 M T W TH F
- _____ Week 2: July 1-5 ** M T W TH F
- _____ Week 3: July 8-12 M T W TH F
- _____ Week 4: July 15-19 M T W TH F
- _____ Week 5: July 22-26 M T W TH F
- _____ Week 6: July 29- Aug 2 M T W TH F
- _____ Week 7: Aug 5-9 M T W TH F
- _____ Week 8: August 12-16 M T W TH F
- _____ Week 9: August 19-23 M T W TH F
- _____ Week 10: August 26-30 M T W TH F

**camp closed 7/4

Member

Non-Member

of days _____ x \$49 =

of days _____ x \$59 =

4 Year Old Child _____ x \$59 =

4 Year Old Child _____ x \$69 =

Teen Camper _____ x \$49 =

Teen Camper _____ x \$59 =

Processing fee: (one time fee per family.)

\$29 member _____

\$49 nonmember =

Before **or** After care: # _____ x \$7 =

M T W TH F

Before **AND** After care: # _____ x \$14 =

M T W TH F

Lunch Package: # _____ x \$8 =

M T W TH F

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

Extra T-Shirt: # _____ x \$12 =

Camp Hat: _____ x \$15 =

Camp Bag: _____ x \$10 =

Camp Logo Water Bottle : _____ x \$5=

\$ _____
\$ _____
\$ _____
\$ _____

Field Trips: # _____ X\$29

Full Day Trips: # _____ X\$59

1: Movies

2: Wild West City

3: Fun Time Junction

4: Action Water Park

5: Movies

6: Turtle Back Zoo

8: Bowling

9: Fun Plex

10: Jumpnasium

\$ _____
Full Day \$ _____

Total: \$ _____

Check # _____ Card Type: Visa__ MC__ Amex__ Disc__

Card Number _____ Exp _____

Signature _____ Date _____

Spa 23 Staff Signature _____