



SUMMER CAMP REGISTRATION

Registration Fee:

Weekly Fee \$130.00

Sibling Name(s): _____

Child's Shirt Size – Please Circle One

Child: S M L Adult: S M L XL

Payment Total: _____

Check _____ Cash _____

M.O. _____

Child's Name: _____

Age: _____

Address: _____

Date of Birth: ___/___/___

Birth Certificate needs to be shown if 8 years old or younger.

Child's Physician: _____ Allergies: _____

Physician's Telephone: _____ Medication Taken: _____

Parent's Name(s): _____ & _____

Phone Numbers: _____

Emergency Contact Name: _____ Phone: _____

Please sign waiver and check applicable boxes:

I grant permission for my child to participate in the fieldtrips I pay for during summer camp.

My child may not participate in the following types of trips and activities: _____

My child may attend PG-13 movies.

My child has permission to walk home and/or leave M.S.A on his/her own.

I do NOT want my child to participate in the Summer Food Service program.

The following persons may pick up my child: _____

Signed: _____

Date: _____

Printed: _____

Employee Witness: _____