

Camp Blue Wave Registration

Please check off if your child will attend Little Waves, Kids Camp, or Sports Camp

Little Waves _____ Kids Camp _____ Sports Camp _____

Please check off dates of attendance and if your child will be full time/half time (if half time, please circle if your child will attend camp in the am or pm)

____ June 10-14	Full Time _____	Half Time _____ (am pm)
____ June 17-21	Full Time _____	Half Time _____ (am pm)
____ June 24-28	Full Time _____	Half Time _____ (am pm)
____ July 1-5	Full Time _____	Half Time _____ (am pm)
____ July 8-12	Full Time _____	Half Time _____ (am pm)
____ July 15-19	Full Time _____	Half Time _____ (am pm)
____ July 22-26	Full Time _____	Half Time _____ (am pm)
____ July 29-Aug 2	Full Time _____	Half Time _____ (am pm)

Due to limited enrollment any change of dates of attendance must be made in writing seven days prior to change in order to be considered for refund of fees.

PARTICIPANT INFORMATION / RELEASE

Child's name _____
DOB _____ Grade Entering _____ Sex _____
Childs T-Shirt Size: **Youth** XS S M L **Adult:** S M L XL
Address _____ City _____ Zip _____
Mother's name _____ Father's Name _____
Cell Phone _____ Cell Phone _____
Work Phone _____ Work Phone _____
Email _____ Email _____

Email is important for our online system, confirmation of registration, updates, and newsletters

Contacts:

Your child will only be released to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason, the custodial parent or legal guardian cannot be reached.

Name _____	Phone Number _____
Name _____	Phone Number _____
Name _____	Phone Number _____
Name _____	Phone Number _____

Special instructions/Allergies (if any) that the staff should know about?

Child's Physician _____ Phone _____

In case of an emergency, Camp Blue Wave _____ does _____ does not have permission to take my child to the hospital. Name of hospital _____

CAMP BLUE WAVE WAIVER

I, the parent/guardian of _____ hereby give consent my child to engage in all CAMP BLUE WAVE summer activities, including field trips. I understand that all necessary precautions will be taken by the CAMP BLUE WAVE staff for the welfare and safety of my child, and I will not hold the above parties responsible in case of injury to my child. The camp has my permission to use pictures of my child taken at camp to use for promotional purposes.

Signature of Parent or Guardian _____ Date _____