

# Camp Blue Wave Registration

*The camp hours and sessions my child will attend:*

\*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 11-15    | Full Time__ | Half Time__ (am pm) |
| __ June 18-22    | Full Time__ | Half Time__ (am pm) |
| __ June 25-29    | Full Time__ | Half Time__ (am pm) |
| __ July 2-6      | Full Time__ | Half Time__ (am pm) |
| __ July 9-13     | Full Time__ | Half Time__ (am pm) |
| __ July 16-20    | Full Time__ | Half Time__ (am pm) |
| __ July 23-27    | Full Time__ | Half Time__ (am pm) |
| __ July 30-Aug 3 | 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 \_\_\_\_\_

Circle 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 promotion purposes.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_