Camp Blue Wave Registration

 Micanopy

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

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 6-10

 June 13-17

 June 20-24

 June 27-July1

 July 5-July 8

 July 11-15

 July 18-Jul 22

FullTime FullTime FullTime FullTime FullTime FullTime FullTime

Half Time (am pm)

Half Time (am pm)

Half Time (am pm)

Half Time (am pm)

Half Time (am pm)

 Half Time (am pm)

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 Sex DOB Grade Entering

Childs T-Shirt Size: **Youth** XS S M L **Adult:** S M L XL

Address City Zip

Mother's name Cell Phone Work Phone Email

Father's name Cell Phone Work Phone 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 Name Name Name

Phone Number Phone Number Phone Number 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. Hospital Preference:

**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