

# Camp Serendipity Registration Form

Parent's Name:

Cell Phone #

Camper's Name:

Campers' Age & Grade

Parent's Email Address:

Home Phone #

Parent's Home Address:

Camper Will Attend

- |  |                   |           |
|--|-------------------|-----------|
| <input type="checkbox"/> Speak Up            | July 10 – July 14 | \$350     |
| <input type="checkbox"/> Make A Scene        | July 17 – July 21 | \$350     |
| <input type="checkbox"/> State Your Case     | July 24 – July 28 | \$350     |
| <input type="checkbox"/> Express Yourself    | July 31 – Aug. 4  | \$350     |
| <input type="checkbox"/> Any 3 Weeks of camp |                   | \$945.00  |
| <input type="checkbox"/> All 4 weeks of camp |                   | \$1190.00 |

**Register by March 10<sup>th</sup> and take an additional 10% Early Bird Discount**

Notes about your child:

I hereby give approval for my child to attend Camp Serendipity at Central Community Center and relieve the camp and its affiliated staff from any and all liability for sickness, accidents or injuries while attending camp or on church property. I give my consent to camp staff to authorize medical help on site or at an appropriate facility in the event of an emergency. I also give my consent for the staff to use pictures or video of my child to promote Camp Serendipity and associated activities.

\_\_\_\_\_  
Parent or Legal Guardian  
(print name)

\_\_\_\_\_  
Parent or Legal Guardian  
(signature)

**A 50% downpayment is due with registration, balances are due by May 15, 2016.**

**Mail Registration and Deposit To :**

Camp Serendipity  
2976 Horseshoe Drive  
Collegetown, PA 19426