

CAMP BLUE WAVE

The camp hours and sessions my child will attend:

A one-time, non-refundable registration fee of \$25.00

*\$160.00 Full Time 8:00am-5:30pm *\$90.00 Half Time 8:00am-12:30pm or 12:00pm-5:30pm

*Please check off if your child will attend Little Waves, Kids 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 12-16

*Full Time*__

*Half Time*__ (*am pm*)

__ June 19-23

*Full Time*__

*Half Time*__ (*am pm*)

__ June 26-30

*Full Time*__

*Half Time*__ (*am pm*)

__ July 3-7

*Full Time*__

*Half Time*__ (*am pm*)

__ July 10-14

*Full Time*__

*Half Time*__ (*am pm*)

__ July 17-21

*Full Time*__

*Half Time*__ (*am pm*)

__ July 24-28

*Full Time*__

*Half Time*__ (*am pm*)

__ July 31-Aug 4

*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 _____ Birthday _____

Grade _____ Sex _____ Phone _____

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

Address _____ City _____ Zip _____

Mom's name _____ Daytime Contact Phone _____

Dad's name _____ Daytime Contact Phone _____

E-mail address _____

Persons other than parents permitted to remove child:

Name _____ City _____ Phone _____

Name _____ City _____ Phone _____

Persons to contact in case of emergency when parents cannot be reached:

Name _____ City _____ Phone _____

Name _____ City _____ Phone _____

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 FORM

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 _____