



Web of Wisdom

5238 Mile Stretch Dr. Holiday, FL 34690

(727) 389-4750

www.wowschools.org

2024 Summer Camp Registration

Child's Name: _____

Date of Birth: _____

Grade for 2024/2025 School Year: _____

Street Address: _____

City, Zip Code: _____

Parent #1 Name: _____

Parent #2 Name: _____

Phone Number: _____

Phone Number: _____

Email: _____

Email: _____

Emergency Contact Name: _____

Phone Number: _____

Relationship to Child: _____

Authorized Pick-Up #1:

Authorized Pick-Up #2:

Name: _____

Name: _____

Phone Number: _____

Phone Number: _____

Relationship to Child: _____

Relationship to Child: _____

Child's Shoe Size: _____

Child's Shirt Size: _____

Can your child swim? _____

Does your child have any allergies or medical conditions? Please list:

Is there anything else you would like us to know about your child?

Which summer weeks do you plan on your child attending? If full 9 weeks, notate "Entire Summer"



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NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

DO NOT SIGN ON BEHALF OF CHILD, UNLESS YOU ARE THE CHILD'S NATURAL GUARDIAN

Please read this form completely and carefully. You are agreeing to let your child participate in a potentially dangerous activity, including, but not limited to playing sports, kayaking, snorkeling, fishing, hiking, etc. You agree that even though Web of Wisdom, LLC uses reasonable judgment and care, there is a chance that your child may be seriously injured or killed while participating in these activities because there are certain dangers inherent to the activities which cannot be avoided or eliminated. By signing this form, you are giving up your right, and your child's right, to recover from Web of Wisdom, LLC, it's owners, directors, employees, shareholders, or agents, in a lawsuit for any personal injury, including death, to your child or yourself, or any property damage that results from the risks that are a natural part of these activities.

As a parent/guardian, I hereby release and waive any and all claims, known and unknown, I may now or later have against Web of Wisdom, LLC, it's owners, directors, employees, shareholders, or agents, related to any act, omission, statement, occurrence during or related to the activities of Web of Wisdom, LLC, or the facility, for liability, direct, indirect, vicarious, punitive, and any other damage, whether such party was informed or was aware of the possibility of such loss or damage. By signing this form, I assert and represent that I am the parent or natural guardian of the child/children

#1 Child's Name: _____

Date of Birth: _____

#2 Child's Name: _____

Date of Birth: _____

#3 Child's Name: _____

Date of Birth: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____

Street Address: _____

City, Zip Code: _____