

Camp Blue Wave Registration

P.K. Yonge

___ Little Waves (K-2nd) ___ Big Waves (3rd-8th) ___ Sports Camp (2nd-8th)
___ Drama Camp (3rd-8th)

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)

Part Time AM 7:45 – 12:15 Part Time PM 12:15 – 5:30

___ June 8-12 Full Time Part Time (AM / PM)
___ June 15-19 Full Time Part Time (AM / PM)
___ June 22-26 Full Time Part Time (AM / PM)
___ June 29-July 2 Full Time Part Time (AM / PM)
___ July 6 -10 Full Time Part Time (AM / PM)
___ July 13-17 Full Time Part Time (AM / PM)

Due to limited enrollment Camp Blue Wave requires 50% deposit on all weeks registered. Registration fee is nonrefundable. Prepaid deposit fee is nonrefundable without a two week notice of any changes in registered attendance.

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 _____
Does your child have a sibling registering as well? Yes; Name: _____

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 _____

PhoneNumber _____

Name _____

PhoneNumber _____

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. Hospital Preference: _____

***Camp Blue Wave has my permission to use pictures of my child taken at camp to use for promotional purposes.**

Signature of Parent or Guardian _____ Date _____

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.

Signature of Parent or Guardian _____ Date _____