

# 2010 SUMMER DAY CAMP REGISTRATION FORM

Adventure Camp(5 days) \_\_\_\_\_

Camp Parks(3 days) \_\_\_\_\_

Camper's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
(one form per child)

Primary Guardian: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile # \_\_\_\_\_ Emergency# \_\_\_\_\_

Secondary Guardian: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile # \_\_\_\_\_ Emergency # \_\_\_\_\_

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Shirt Size    Y/6-8    Y/10-12    Y/14-16    Adult S    Adult M    Adult L

(circle one)

**EMERGENCY NUMBERS**

NAME \_\_\_\_\_ # \_\_\_\_\_

NAME \_\_\_\_\_ # \_\_\_\_\_

These emergency contacts need to be able to pick up child in an emergency right away

**Check weeks you will attending: (10 week program)**

\_\_\_\_ June 7                  \_\_\_\_ June 14                  \_\_\_\_ June 21                  \_\_\_\_ June 28

\_\_\_\_ July 6(off the 5<sup>th</sup>)    \_\_\_\_ July 12                  \_\_\_\_ July 19                  \_\_\_\_ July 26

\_\_\_\_ August 2

**\*\*\*Payments for camp must be made on the Monday PRIOR to the Monday your child will be attending camp or an additional fee of \$10 will be charged and child will not be allowed to stay at camp until fees are paid in FULL!\*\*\* Thank you for your cooperation!**

**Liability Waiver:**

Parks Dept Camps activities include, but are not limited to: hikes, walking, trips, swimming, physical fitness, and sports activities. Parks Camps may attend field trips that would require your child to be transported by bus or van. I understand the activities and dangers involved. I agree that my child will abide by the rules. I understand I am fully responsible for any of my child's actions. I hereby release and hold harmless the City of Shelbyville, The Shelbyville Parks and Recreation Department employees, volunteers and representatives from any and all claims for myself, heirs, estate, executor, administrator, assignees and other member of my family.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_