



# 2008 SUMMER CAMP

## REGISTRATION FORM

One Per Child - Two Sided

**Reserve your space now with only a \$10 deposit per week.**

**Number of weeks attending: \_\_\_\_\_ X \$10 = \$ \_\_\_\_\_**

Payment may be cash, charge, or check. Please make checks payable to Casey's Place.

	<u>DATES</u>	<u>THEME</u>	<u>ATTENDING?</u>	
1	June 17-20	Carnival	Yes	No
2	June 23-27	Sports 1	Yes	No
3	June 30-July 3	Cooking	Yes	No
4	July 7-11	Survivor	Yes	No
5	July 14-18	Pirates	Yes	No
6	July 21-25	Magic	Yes	No
7	July 28-August 1	Science	Yes	No
8	August 4-8	Nature	Yes	No
9	August 11-15	Games	Yes	No
10	August 18-22	Water	Yes	No
11	August 25-29	Sports 2	Yes	No

## Register for all 11 weeks and get the 11th week free!

Free week available for August 25-29, 2008 only once all prior weeks are paid in full. \$10 deposit for week 11 will be credited to week 10 for eligible participants.

### Please note the following:

- Deposits are non-refundable and non-transferable.
- Registrations not paid in full will be dropped and unable to attend.
- Payment for each week of camp is due in full the Friday prior to the start of that week of camp.
- Camp fees are not pro-rated, and days will not be refunded or credited because of non-attendance.
- If space is still available, late payments will be accepted with an additional \$10 late fee.
- Deposits are subtracted from the \$175 camp fee when determining balance due.



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Child's Name \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_\_\_ Grade (in Sept) \_\_\_\_\_ Birth Date \_\_\_\_\_

Family Email \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employed by \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Other # \_\_\_\_\_

### EMERGENCY INFORMATION

People, other than the parents, authorized to pick up child from the facility, or called in case of an emergency.

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

Persons UNAUTHORIZED to pick up child from the camp:

Name	Relationship
_____	_____
_____	_____

Child is in the custody of:  
 both natural parents  natural mother  natural father  
 other: \_\_\_\_\_

Child lives with:  
 both natural parents  natural mother  natural father  
 other: \_\_\_\_\_

Does your child know how to swim? \_\_\_\_\_  
 Does your child have trouble staying with a group? \_\_\_\_\_  
 Is there anything else you could tell us to best serve the needs of your child? If so, please explain \_\_\_\_\_

### INFORMATION REQUIRED BY STATE LAW

Health Insurance Co. \_\_\_\_\_

Policy number \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employed by \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Other # \_\_\_\_\_

### HEALTH RECORD

(check if applicable or allergic)

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Ear Infections                         | <input type="checkbox"/> Poison Oak    | <input type="checkbox"/> Diabetes    |
| <input type="checkbox"/> Rheumatic Fever                        | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Penicillin                             | <input type="checkbox"/> Hay Fever     | <input type="checkbox"/> Asthma      |
| <input type="checkbox"/> Behavioral Problems                    |  |                                      |
| <input type="checkbox"/> Other (including any allergies): _____ |  |                                      |

Operations, serious injuries, diseases, restrictions on physical activity:  
 \_\_\_\_\_

Give name and purpose of any medication taken:  
 \_\_\_\_\_

### PARENTS AUTHORIZATION/WAIVER

Name of Minor \_\_\_\_\_

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in Casey's Place Summer Camp. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

In consideration of said minor being permitted to enter Casey's Place Summer Camp, I, on behalf of myself (as parent or guardian) hereby:

- Acknowledge that I have read, filled out, and voluntarily signed this document.
- Have read, understand, and agree to abide by the Parent Handbook.
- I do hereby authorize Casey's Place as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital.
- Casey's Place may use my child's photos for promotional purposes.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California. If any portion hereof is held invalid, I agree the balance shall continue in full legal force and effect.

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