

2010 Camp Registration/Camper Information

This Form Must Be Fully Completed or It Will Be Returned Unprocessed

Session_____

Camper Information

Name of Camper_____ Phone_____

Street_____ Town_____ Zip_____

D/O/B/_____/_____/_____ Age_____ Gender_____ Grade in Fall 2010_____ School_____

Mother/Guardian_____ Father/Guardian_____

Address(if different)_____ Address(if different)_____

Home Phone_____ Home Phone_____

Business Phone_____ Business Phone_____

Cell Phone_____ Cell Phone_____

E-mail Address_____

Camper lives with: (please circle) Mother only Father Only Both Parents Guardian Other_____

Emergency Contact and Camper Release Information

LARC/Shookie Day Camp is authorized to phone any of the persons listed below in an emergency. **Only the people listed below may pick up this camper.** This means from camp or the bus stop. Parents names must be included in this list, if applicable. Expect to show photo I.D. at time of pickup.

NAME	DAYTIME PHONE
1. _____	_____
2. _____	_____

Parent(s): I approve this application and certify that the proposed camper is capable of such an experience. I understand that LARC/Shookie Day Camp may dismiss without refund any camper that disrupts the group or violates safety rules. I agree to submit a properly completed medical form and to pay all balances two weeks prior to camp. I have read and understand the refund policies as stated in the camp brochure. I understand that although LARC/Shookie will use care in the selection of transportation companies, agencies, facilities and services, and exercise precautions for the safety of all participants and their personal property, there are certain risks inherent in a number of LARC/Shookie activities and programs. I understand the nature of these programs and accept the risks involved in such activities. I agree to release LARC/Shookie and their agents of any and all liability and responsibility of any nature for any loss or damage to property or personal injury incurred by my child while participating in a LARC/Shookie program. In addition, I give permission for LARC/Shookie to seek emergency medical treatment for my child. I also authorize LARC/Shookie to have and use photographs, slides, moving pictures, or television tapes of my child as may be needed for its records or public relations programs.

Parent/Guardian Signature_____ Date_____