

# Drop in Registration



Camper ID: \_\_\_\_\_

**Please fill out one registration per child:**

Child's Name: \_\_\_\_\_ Sex: M F  
 Date of Birth: \_\_\_\_\_ Grade Entering: \_\_\_\_\_  
 Names of Sibling's In Program: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Parent's Name(s): \_\_\_\_\_ Member of Spa 23: Y N  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Parent's Email: \_\_\_\_\_  
 Camper Email: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
 Alternate Contact: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Copy of Insurance Card Required. Provider: \_\_\_\_\_

Please List any food or other allergies: \_\_\_\_\_

Any special circumstances or restrictions we should be aware of concerning your child: \_\_\_\_\_

Date(s) of Drop In Registration: \_\_\_\_\_

<u>Member</u>	<u>Non-Member</u>	
# of days _____ x \$49 =	# of days _____ x \$59 =	\$ _____
4 Year Old Child _____ x \$59 =	4 Year Old Child _____ x \$69 =	
Teen Camper _____ x \$49 =	Teen Camper _____ x \$59 =	\$ _____
Processing fee: _____ \$29 member— \$49 nonmember =		\$ _____
(one time fee per family. Date pd: _____)		
Before <b>or</b> After care: # _____ x \$7 =		\$ _____
Before <b>AND</b> After care: # _____ x \$12 =		\$ _____
Lunch Package: # _____ x \$8 =		\$ _____
Breakfast Package: # _____ x \$5 =		\$ _____
T-Shirt Size: XS S M L XL		
Camp t-shirt must be worn every day of camp		\$ _____
Extra T-Shirt: # _____ x \$12 =		\$ _____
Camp Hat: # _____ x \$15 =		\$ _____
Camp Bag: # _____ x \$10 =		\$ _____

This Credit Card will be kept on file to be used for all camp incidentals/charges: Initial: \_\_\_\_\_

(There are no credits or refunds for suspensions, dismissals, or cancellations .)

**TOTAL** \$ \_\_\_\_\_

\_\_\_\_\_ Check # Visa\_\_ MC\_\_ Amex\_\_ Disc\_\_ Card Number \_\_\_\_\_ Exp \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*By signing below I understand my child will not be admitted to Camp Spa 23 if I do not have a yearly updated Health/Immunization record submitted by my first day of camp.**

By signing below I agree that my child has permission to engage in all camp activities, unless specifically noted on the medical form. In the event of an emergency I give consent to authorize Spa 23 staff to act accordingly until I can be contacted. In the event I cannot be contacted in an emergency, I hereby give permission to the Spa 23 Management to secure and administer treatment, including hospitalization for my child. Permission is granted for the Spa 23 staff to take my child on any trips as part of the camp program. I understand Spa 23 reserves the right to suspend or dismiss any camper if his or her conduct is detrimental to the wellbeing of the camp or any other campers. There are no credits or refunds for suspensions, dismissals, or cancellations from camp.

Print Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please Note: Health/Immunization Record MUST be submitted before entering camp.

Spa 23 Staff Signature: \_\_\_\_\_