

**EARLY BIRD
REGISTRATION**



Camper ID: _____

Please fill out one registration per child:

Child's Name: _____

Date of Birth: _____ Grade Entering: _____ Sex: M F

Names of Sibling's In Program: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent's Name(s): _____/_____

Spa 23 Member # _____

Cell Phone: _____/_____

Work Phone: _____/_____

Home Phone: _____/_____

Parents' Emails: _____/_____

Camper Email: _____

Emergency Contact (other than parent): _____

Emergency Phone: _____

Alternate Emergency Contact: _____

Alternate Emergency Phone: _____

Copy of Insurance Card Required. Provider: _____

Please list any allergies, special circumstances or restrictions we should be aware of concerning your child:* _____

* We do not dispense medication to campers

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 Spa 23 staff to act accordingly until I can be contacted. In the event that 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 walk my child to and from Spa 23 and PV Park and to take my child on any trips as part of the camp program. I hereby give Spa 23 permission to photograph my child and use the photographs for marketing and promotion without any compensation. I understand that Spa 23 reserves the right to suspend or dismiss any camper if his or her conduct is detrimental to the well being of the camp or any other campers. There are no credits or refunds for suspensions, dismissals, or cancellations .

***By signing below I understand my child will not be admitted to CAMP Spa 23 until I have submitted the CAMP Spa 23 Health Form and copy of my Insurance Card.**

Print Parent/Guardian Name: _____

Signature: _____ Date: _____

Camper ID: _____ Child's Name: _____ Grade: _____

Choose the weeks your camper will attend:

- ____ Week ONE: June 18-22
- ____ Week TWO: June 25-29
- ____ Week THREE: July 2-6*
- ____ Week FOUR: July 9-13
- ____ Week FIVE: July 16-20
- ____ Week SIX: July 23-27
- ____ Week SEVEN: July 30-Aug 3
- ____ Week EIGHT: August 6-10
- ____ Week NINE: August 13-17
- ____ Week TEN: August 20-24
- ____ Week ELEVEN: August 27-31

*Camp closed for July 4th Holiday

Platinum Camper up to 16% Savings
All-Inclusive Early Bird CAMP Package

1-2 weeks: ____ X \$399/\$429.* = \$ _____
 3-7 weeks: ____ X \$369/\$399.* = \$ _____
 8+ weeks: ____ X \$359/\$389.* = \$ _____

*4 year old all inclusive per week

Nonmember # Weeks: ____ X \$29 = \$ _____

PLATINUM TOTAL \$ _____

- 1-2 weeks: ____ X \$189 = \$ _____
 - 3-7 weeks: ____ X \$169 = \$ _____
 - 8+ weeks: ____ X \$159 = \$ _____
 - 4 Year Old: ____ X \$39 = \$ _____
 - Non-Member: ____ X \$29 = \$ _____
- Total \$ _____
- Early Bird Savings: Total X 10% \$ - _____

TOTAL A \$ _____

TOTAL A+B = \$ _____

Family Processing Fee:

____ \$29 Member ____ \$49 Non-Member
 Paid by sibling (name): _____ \$ _____
 Camper #: _____

Will your child be needing:

Before Care: 1 2 3 4 5 6 7 8 9 10 11
 After Care: 1 2 3 4 5 6 7 8 9 10 11
 Before **OR** After Care #of weeks ____ X \$29 = \$ _____

Before **AND** After Care #of weeks ____ X \$49 = \$ _____

Hot Breakfast: 1 2 3 4 5 6 7 8 9 10 11
 Breakfast Package # of weeks ____ X \$25 = \$ _____

Lunch Package: 1 2 3 4 5 6 7 8 9 10 11
 # of weeks ____ X \$39 = \$ _____

OR

Pizza Lunch : 1 2 3 4 5 6 7 8 9 10 11
 Pizza Lunch # of Fridays ____ X \$8 = \$ _____

T-Shirt Size: YS YM YL AS AM AL AXL
 Extra T-Shirt: ____ X \$12 = \$ _____

Camp Hat: ____ X \$15 = \$ _____

Camp Bag: ____ X \$10 = \$ _____

Bonus Program: 1 2 3 4 5 6 7 8 9 10 11
 (See Flyer) # of weeks ____ X \$29 = \$ _____

Swim Lesson: 1 2 3 4 5 6 7 8 9 10 11
 Swim Lessons # of weeks ____ X \$69 = \$ _____

Field Trip: 1 3 4 5 7 8 9 10 11

Mtn. Creek: 2 6
 Field Trips # of weeks ____ X \$25* = \$ _____

Mtn. Creek # of weeks ____ X \$55* = \$ _____

Note: *Adjust for Lunch, After Care, and Programs

Birthday Celebration:

Date of celebration: _____ \$49 = \$ _____

Turning what age? _____
TOTAL B \$ _____

Additionally I authorize Spa 23 to charge my credit card on file in lieu of presenting it for any services received, at my request: Initial: _____

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

Discount based on the number of weeks at time of purchase.

There is a \$15 charge for week changes.

Check # _____ Visa__ MC__ Amex__ Disc__ Card Number _____ Exp _____

Signature _____ Date _____

Spa 23 Staff Signature _____