



CAMP BLUE WAVE

REGISTRATION

SUMMER 2008

CAMP BLUE WAVE HOURS AND WEEKS MY CHILD WILL ATTEND:

The camp my child will attend: Blue Wave Kids Camp Blue Wave Sports Academy

The sessions my child will attend: (Please check H for half time or F for full time.)

H F June 30 - July 3 H F July 7 - July 11 H F July 14 - July 18

H F July 21 - July 25 H F July 28 - August 1

CAMP FEES

HALF TIME Monday - Friday 12:15pm - 5:30pm or 8:00am - 12:30pm

\$80.00 per week plus \$15.00 registration fee (includes field trips)

FULL TIME Monday - Friday 8:00am - 5:30pm

\$135.00 per week plus \$15.00 registration fee (includes field trips)

PARTICIPANT INFORMATION / RELEASE

Child's name _____ Birthday _____

Grade _____ Sex _____ School _____ Phone _____

Address _____ City _____ Zip _____

Mom's name _____ Daytime Contact Phone _____

Dad's name _____ Daytime contact Phone _____

E-mail address _____

Persons other than parents permitted to remove child:

Name _____ City _____ Phone _____

Name _____ City _____ Phone _____

Persons to contact in case of emergency when parents cannot be reached:

Name _____ City _____ Phone _____

Name _____ City _____ Phone _____

Special instructions (if any) that the staff should know about?

Child's Physician _____ Phone _____

In case of an emergency, CAMP BLUE WAVE does does not have permission to take my child to the hospital. Name of hospital _____

CAMP BLUE WAVE WAIVER FORM

I, the parent/guardian of _____ hereby give consent my child to engage in all CAMP BLUE WAVE summer activities, including field trips. I understand that all necessary precautions will be taken by the CAMP BLUE WAVE staff for the welfare and safety of my child, and I will not hold the above parties responsible in case of injury to my child. The camp has my permission to use pictures of my child taken at camp to use for promotion purposes.

Signature of Parent or Guardian _____ Date _____