



Fundamentals First Summer Day Camp - 2011 Enrollment Form

General Camper Information:

1st Child's Name: _____ Male: _____ Female: _____
(Last) (First)

2nd Child's Name: _____ Male: _____ Female: _____
(Last) (First)

1st Child DOB: _____ Grade as of 9/15/11: _____ Age as of 6/1/11: _____

2nd Child DOB: _____ Grade as of 9/15/11: _____ Age as of 6/1/11: _____

1st Child T-Shirt Size: (Youth) S M L X or (Adult) S M L XL

2nd Child T-Shirt Size: (Youth) S M L X or (Adult) S M L XL

Parent(s)/Guardian(s) Information:

Parent(s) Name: _____

Address: _____

City, State, Zip: _____

Home Phone Number: _____

Work Phone Number: _____

Additional Phone Number: _____

Email Address: _____

Emergency Contact Information (other than Parents):

Name(s): _____

Relation: _____

Phone: _____

Name(s): _____

Relation: _____

Phone: _____

Email Address: _____

Session 1 (7/11 - 7/14) ___ Session 2 (7/18 - 7/21) ___ Session 3 (7/25 - 7/28) ___ Session 4 (8/1 - 8/4) ___ Session 5 (8/8 - 8/11) ___

Pricing: \$200 per session / \$375 for 2 sessions / 2nd child \$125 per session

You can use my child's photo in the camp brochure. ___ Yes ___ No

Is your camper taking any medications? ___ Yes ___ No

Are there any activity restrictions? ___ Yes ___ No

(If yes to either of these questions, please explain by attaching a separate note.)

Please list any allergies that your child has: _____

I/We the undersigned hereby certify that I (we) am (are) the parents or legal guardians of the camper and hereby give permission for the staff of the Camp to seek appropriate medical attention for the camper and medical attention to be given in the even of accident, injury, or illness. I/We, the undersigned, for ourselves, our heirs, or executors and administrators, waive, release, and forever discharge Fundamentals First and its staff, officers, agents, employees, representatives, successors and assigns of and from all rights and claims for damage or loss to persons which may be sustained or occur during participation in Camp activities or while at Camp, whether or not damages, injuries, or loss are due to neglect.

Child Name: _____

Parent Signature: _____

Date: _____