

SUMMER CAMP

Child's Name: _____ Phone: _____

Date of Birth: _____ Age: _____ Male: _____ Female: _____ Grade: _____

Child's Address: _____

Non – Refundable Registration fee \$55.00 / family

(Attend as many weeks as you would like)

Return this form with: Reg. fee, 1st week in full PLUS a \$10.00 deposit for each additional week

Weekly Camp - 7:00 a.m. – 7:00 p.m. - \$155.00 PER WEEK

June 5 - 9 _____ June 12 - 16 _____

June 19 - 23 _____ June 26 - 30 _____ July 3 - 7 _____ July 10 - 14 _____

July 17 - 21 _____ July 24 - 28 _____ July 31 – Aug 4 _____ Aug 7 - 11 _____

******* PLEASE READ BEFORE SIGNING *******

I understand that by signing this application and placing a deposit for any or all weeks of camp, I am committed to paying for the weeks selected whether or not my child attends. There are no refunds once I agree to place my child in a week. I understand there are limited spaces in camp and by signing this application I have accepted my child's space in the weeks chosen by me.

Parents Signature: _____ Date: _____

Family Information

Mother / Guardian Name: _____ Phone: _____

Email: _____ Cell: _____ Work: _____

Father / Guardian Name: _____ Phone: _____

Email: _____ Cell: _____ Work: _____

Emergency Contact

Name: _____ Relationship to child: _____

Phone: _____ Alt. Phone: _____

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Child's Name: _____ Phone: _____

SHIRT SIZE: YS (6-8) YM (10-12) YL (14-16) S M L XL ----- Additional shirts \$12.00**Photo Release**

I, _____ will mark the space below to grant or not grant permission of photos of my child to be used in the manner below.

	Grant	Do not grant
Use still photos in promotional materials	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on facility's website	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's bulletin boards, show to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>

Swim Ability

(Please check the appropriate level for your child)

- Cannot Swim
- Swims O.K. (waist level)
- Swims Well (under water and hold breath)

Field Trips

I grant permission for my child to participate in any scheduled "off-campus trips" and agree to hold harmless Franklin Management, Inc. d/b/a Gallop's Karate School and its agents. (Please initial) _____

RefundsI understand that there is NO REFUND for late arrival or early departure from camp, or if the camper is dismissed due to disciplinary action. I am responsible for all weeks in full once a deposit has been paid.

Parent/Guardian Signature: _____ Date: _____