

## Summer camp registration

NAME OF CHILD:	DOB:	GENDER: M/F
ADDRESS:	CITY, ZIP CODE:	
PARENT NAME:	PHONE #:	
EMAIL ADDRESS:		
EMERGENCY CONTACT #1 NAME:	PH0	ONE #
EMERGENCY CONTACT #2 NAME:	PHC	ONE #
Any food or drug allergies:		
Any other information we should know about your child:		
Any siblings in camp with the above child?  Name(s)		
Week(s) registering for: Please check all		
<ul> <li>June 21-25 (Sports Week) (Tropic</li> <li>June 28-July 2 (Patriotic/Art Wee</li> <li>July 5-9 (Beach Week) (SunSplash</li> <li>July 12-16 (Superhero Week) (Bound</li> </ul>	<mark>ek)</mark> (Bowland) )	ni golf)
<ul> <li>July 19-23 (Science Week) (Tropic</li> <li>July 26-30 (Animal Week) (SunSpl</li> <li>August 2-6 (Music/Dance Week) (E</li> </ul>	ash)	ni golf)
*Camp time: 8:30am to 3:30pm *Camp Prices of for more than one week, Siblings get a \$20/week		ple Week discount: \$130 per week
* Early drop off 7:30am, Late Pick up 5:30pm fe	or \$5 per day	
With my signature below, I give my preference publication purposes by Fair Play Indoor Soccer Web minus namesYesNo	•	<u>e</u>

Signature of parent or legal guardian:\_\_\_\_\_\_Date: \_\_\_\_\_