

Children 1-9 years old  
Four Sessions of Summer Fun 9:30-2:30  
\$125.00 per session (lunch and snack included)  
\$25.00 nonrefundable due at registration

Session 1



June 13<sup>th</sup>-15<sup>th</sup>

Session 2

June 20<sup>th</sup>-22<sup>nd</sup>



Session 3

June 27<sup>th</sup>-29<sup>th</sup>



Session 4

July 11<sup>th</sup>-13<sup>th</sup>



Session 1 2 3 4  
(please circle)

## Summer Camp

Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Parents \_\_\_\_\_ e-mail \_\_\_\_\_  
Home Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_  
Allergies/Dietary Restrictions \_\_\_\_\_  
Physical Restrictions \_\_\_\_\_  
Physician \_\_\_\_\_ Phone # \_\_\_\_\_  
Health Insurance Group \_\_\_\_\_ Plan# \_\_\_\_\_  
Persons responsible for bringing/picking up your child:  
\_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_

I hereby waive any claim against the Good Shepherd Episcopal Church/School staff. I hereby grant permission for a staff person to take whatever steps necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following.

- Attempt to contact parents or guardians through numbers listed on this form.
- If we cannot contact you, we will have the child taken to an emergency facility in the company of a staff member.

Any expenses incurred as a result of taking the above actions will be borne by the child's family. The church/school will not be responsible for anything that may happen as a result of false or omitted information given at the time of registration.

Cash \_\_\_\_\_ Received by \_\_\_\_\_  
Check amount \_\_\_\_\_ Check # \_\_\_\_\_  
Credit Card \_\_\_\_\_ MC/Visa  
Exp. Date \_\_\_\_\_ CVC code \_\_\_\_\_ Billing zip code \_\_\_\_\_  
(Registration fee of \$25 per session will be charged at sign up)

Signature of parent/guardian:

\_\_\_\_\_ Date \_\_\_\_\_