

2010 Summer Camp Registration Form

Child's Name: _____
 Home #: _____
 Age/D.O.B. _____/_____
 T-Shirt Size: _____

Address: _____

Father/Guardian: _____
 Work #: _____
 Cell Phone #: _____
 Email: _____

Mother/Guardian: _____
 Work #: _____
 Cell Phone #: _____
 Email: _____

Emergency Contact(s)/Permission to pick up child:
 Name: _____ Phone #: _____
 Name: _____ Phone #: _____
 Name: _____ Phone #: _____

Are there any special situations regarding your camper's release? _____

Please list any special needs or allergies?

Child's Doctor: _____
 Phone #: _____

Staff Use ONLY—
 Received by: _____ Date: _____
 Time: _____ Amount Paid: _____

Please mark the weeks your child will attend Summer Camp. Fee per week: \$80/first child \$75/additional child

June 7-June 11	
June 14-June 18	
June 21-June 25	
June 28-July 2	
July 6-July 9 (no camp July 5)	
July 12-July 16	
July 19-July 23	
July 26-July 30	
Aug 2-Aug 6	
Aug 9-13	
Aug 16-20	

PLEASE READ AND SIGN

As the parent/guardian of the above named child, I hereby do release and hold harmless the City of Grand Prairie, its employees, agents, volunteers, and contractors from any and all claims or demands arising out of the above named child participating in the program for which they are registered.

I also give permission for emergency treatment by staff or physician if it is determined that such attention is needed. I also understand there is no insurance or reimbursement of costs associated with accidents, **I give permission for the above named individual to participate in aquatic activities and to be transported to and from field trips, swimming, and other events. I agree to follow all camp policies and rules.**

Parent/Guardian Please Sign/Date

Parent/Guardian Please Sign/Date

