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**Kamp Kidz**

**2014 Registration form**

**Ages: 5-13yrs.**

**Time: 9:00am-4:30pm (Extended Hours Available)**

**Summer 2014 Sessions**

**Session #1: June 16th –July 11th**

**Session #2: July 21st –August 15th**

**Session #3: August 18th- August 29th**

**Please note the week of July 13th-July 19th, the centers will be closed for our annual summer vacation.**

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| **Summer camp weekly fee: $95.00 per week (excluding field trip fees)**  **Payment methods include: Credit/Debit cards, Cashier’s check, & Money Order made payable to: Touch By An Angel** |

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**Kamp Kidz Summer Registration Form**

**Please fill out a form for each camper and complete ALL fields.**

**Parent’s First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant’s First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Apt. #\_\_\_\_\_\_**

**City/State/Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender: \_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Information**

**Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Session(s)** | **Day(s) of week** | **Time** |
| **June 16th-July 11th** |  |  |
| **July 21st-Aug 15th** |  |  |
| **Aug 18th-Aug 29th** |  |  |

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| **PARTICIPATION AGREEMENT**  **I acknowledge, understand, and accept that their are inherent risks associated with participation in this program and that doing so could result in an injury. Touch By An Angel assumes no liability for injuries or damages from the results of participation. I acknowledge the fact that Touch By An Angel does not provide accident insurance to its program participants. I certify that, to the best of my knowledge, my child/is physically fit and should this condition change at any time during the program, I will notify the administration from Touch By An Angel immediately. Touch By An Angel has my permission to call emergency 911 and/or to send my child to a hospital or emergency care facility, and the hospital and medical staff have my authorization to provide emergency treatment deemed necessary for the well-being of my child. I agree to abide by all posted, written, or verbally communicated rules and regulations administered by Touch By An Angel concerning this program. I authorize Touch By An Angel to take, display, and publish photographs, slides or videos for promotional and/or educational purposes, I have read, understood, and accepted the terms of this participant’s agreement as outlined.**  **Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Participant Signature(if over 18):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |