

Camp 5280 Registration 2018



Participant Information

Name: _____ Date of Birth: _____

Grade (2018-19): ____ Gender: Male Female T-shirt Size (circle one): YXS YS YM YL S M L

Address: _____

City: _____ State: ____ Zip: _____ Phone: _____

****101- K-2nd Grade ONLY****

****102- 3rd-6th Grade ONLY****

<p>Week 1 (July 9-12) <input type="checkbox"/> Circle One:</p> <p>Preschool Art 101 Cooking 102 Karate 102 Soccer Speed & Agility STEM 101 Tennis Tumbling</p>	<p>Week 2 (July 16-19) <input type="checkbox"/> Circle One:</p> <p>Preschool Art 102 Basketball Cooking 101 Football Karate 101 Science 101 Spanish Experience Yard Games</p>	<p>Week 3 (July 23-26) <input type="checkbox"/> Circle One:</p> <p>Preschool Baseball Media Music 101 Science 102 Sewing 102 Speed & Agility STEM 102 Tennis</p>
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Fees	Total
Standard Registration: One Week \$115 <input type="checkbox"/> Two Weeks \$230 <input type="checkbox"/> Three Weeks \$ 345 <input type="checkbox"/>	_____
Additional Specialty Fees: Art 101/102- \$5 <input type="checkbox"/> Sewing 102- \$5 <input type="checkbox"/> Speed/Agility- \$15 <input type="checkbox"/>	_____
Discounts: Early Bird (before June 12) Member Volunteer "ALL 3"	_____
Add Ons:	
<input type="checkbox"/> Before Care (8:00am-8:45am)- \$10 per week	Week 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> _____
<input type="checkbox"/> After Care (3:00pm-5:00pm)- \$20 per week	Week 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> _____
<input type="checkbox"/> Snack Shack: <small>Campers will have the opportunity to visit our Snack Shack each afternoon to purchase an additional drink or snack. You may deposit \$5-\$15 into their account for use during camp.</small>	<input type="checkbox"/> Week 1 (circle one): \$5 \$10 \$15 <input type="checkbox"/> Week 2 (circle one): \$5 \$10 \$15 <input type="checkbox"/> Week 3 (circle one): \$5 \$10 \$15
TOTAL AMOUNT DUE	<input style="width: 80px; height: 30px;" type="text"/>

Parent/Guardian Contact Information

Parent/Guardian #1

Name: Ms. Mrs. Mr. _____

Address _____

City _____ State ____ Zip Code _____

Home Phone _____ Work Phone _____ Cell _____

E-mail _____

Parent/Guardian #2

Name: Ms. Mrs. Mr. _____

Address _____

City _____ State ____ Zip Code _____

Home Phone _____ Work Phone _____ Cell _____

E-mail _____

Office Use Only: Received: _____

Entered: _____ Initials: _____

Paid: Cash Check

Continued on back

Health Information

Does your child have any food allergies?

Yes No If yes, explain: _____

Does your child have any other allergies we should know about?

Yes No If yes, explain: _____

Is your child required to take any medication while at camp?

Yes No If yes, explain: _____

Other medical concerns we should know about?

Yes No If yes, explain: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____ Phone _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

Name _____

Home Phone _____ Cell Phone _____ Relation to child _____

Emergency Contact #2

Name _____

Home Phone _____ Cell Phone _____ Relation to child _____

Please list those people in addition to parents/guardians who are permitted to pick up your child:

- 1. _____
- 2. _____
- 3. _____

How did you hear about us?

Previous Camper Brochure CAMP 5280 Website

Facebook Instagram Twitter From a Friend Church

Middle Valley Elementary Soddy Elementary Daisy Elementary McConnell Elementary