

ALLAIRE COUNTRY DAY CAMP

AT GOODSPORTS

2903 Highway 138 east, Wall New Jersey 07719 Phone: (732) 681-4675

2010 Summer Camp Registration Card

Camper Contract

Contract Time:			
<input type="checkbox"/> 7:00am - 8:30am	<input type="checkbox"/> 8:30am to 4:30pm	<input type="checkbox"/> 4:30 pm to 6 pm	
# Of Days Per Week:	Days Attending:		
	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	
Weeks Attending:	___ July 5 – July 9	___ August 2 – August 6	Sports Camp: 10am-12Noon Daily, Campers <u>must</u> have proper equipment!!
	___ July 12 – July 16	___ August 9 – August 13	
___ June 21 – June 25	___ July 19 – July 23	___ August 16 – August 20	
___ June 28 – July 2	___ July 26 – July 30	___ August 23 – August 27	
		___ June 28- July 2(Soccer)	
		___ July 12 - July 16(Lacrosse)	
		___ Aug 2 - Aug 6(Baseball)	
		___ Aug 16- Aug 20(Soccer)	
Camp T-Shirt	CHILD <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL	

Child's Information

Camper's Name:		Parent Email:	
Child's Street Address:			
City/State/Zip		Child's Home Phone:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity/Race <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Caucasian <input type="checkbox"/> Asian American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Prefer not to disclose
			Child's Grade in Sept 2010 :

PARENT/GUARDIAN INFORMATION

PLEASE CIRCLE - YES OR NO

Parent/Guardian Name	Relationship to Child	Emergency Contact	Authorized Pick-Up	Lives with Child
1)		Yes No	Yes No	Yes No
PHONE -- Home#:	Cell/Beeper#	Work#		
2)		Yes No	Yes No	Yes No
PHONE -- Home#:	Cell/Beeper#	Work#		

Additional Emergency Contact Info (Must be 18 or older)

PLEASE CIRCLE - YES OR NO

Contact Name	Relationship to Child	Emergency Contact	Authorized Pick-Up
3)		Yes No	Yes No
PHONE -- Home#:	Cell/Beeper#	Work#	
4)		Yes No	Yes No
PHONE -- Home#:	Cell/Beeper#	Work#	
5)		Yes No	Yes No
PHONE -- Home#:	Cell/Beeper#	Work#	

Physician Information

<i>Physician Name:</i>	<i>Phone #</i>
<i>Address:</i>	
<i>Signed "Doctor's Health Release Form" Attached:</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	
<i>"DOCTOR'S HEALTH RELEASE FORM" must be on file at our office prior to June 4, 2010. There are no exceptions.</i>	

Insurance Information

<i>Insurance Carrier:</i>		
<i>Address:</i>		
<i>ID #</i>	<i>Policy #</i>	<i>Group #</i>

Any Additional Information You Feel is Necessary

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Parent/Guardian Authorization

I understand that by signing this form ***I have committed to my child attending Allaire Country Day Summer Camp for the contracted period of time as specified on the "Camper Attendance Contract" section of this form, regardless of suspension, termination, vacation, sick days, or drop out*** of my child from camp; and I am responsible for payment of said contracted time.

I understand that there will be NO REFUND OR CREDIT issued for any change or cancellation to the contracted schedule received after Wednesday, June 2, 2010. All changes of contracted enrollment must be received by Wednesday, June 2, 2010.

I further understand that the Registration Fee and the Security Deposit are Non-Refundable after June 2, 2010.

I hereby give permission for my child to go on all trips organized by the Allaire Country Day Summer Camp Program. I agree that my child will adhere to all rules, regulations, guidelines and decisions of Allaire Country Day personnel.

In addition, I authorize the Allaire Country Day to take pictures of my child to be used for advertisement and in Allaire Country Day/ Good Sports publications.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date