

CAMP Registration Form (circle One)

Date \_\_\_\_\_ Email \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ School/  
Grade \_\_\_\_\_

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Grade \_\_\_\_\_

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Grade \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ School/  
Grade \_\_\_\_\_

Parent or Guardian:

Address \_\_\_\_\_ Home Phone: \_\_\_\_\_

Additional Phone # Work \_\_\_\_\_

Cell \_\_\_\_\_

Drivers License # \_\_\_\_\_ DOB \_\_\_\_\_ State \_\_\_\_\_

Please Check Camp Selection

Thanksgiving

Christmas

Easter

End of School

End of Summer

Summer Camp

Registration Fee per child per camp (nonrefundable) Total Registration \$ \_\_\_\_\_

Session Cost \$ \_\_\_\_\_ x \_\_\_\_\_ = Total \$ \_\_\_\_\_

Parental Consent

I hereby give written permission for my child to attend camp at The Bounce Spectrum. As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause physical impairment, disfigurements, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Signature \_\_\_\_\_  
Date \_\_\_\_\_

In the Event of an Emergency,  
Contact : \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
Allergies, Reactions, or Other Comments

\_\_\_\_\_  
There are certain risks and dangers involved in camp activities. The Bounce Spectrum is not responsible for any Bodily Injury or Property Damage claims, liabilities, damages, and suits which may originate from circumstances and/or activities beyond the control of The Bounce Spectrum, its employees, agents, or representatives.

Payment Method: Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_