

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 _____