



# Registration Form 2010



**KIDSWORLD DAY CAMP** (Ages 3-5<sup>1/2</sup>)   
**FUNWORLD DAY CAMP** (Ages 5<sup>1/2</sup>-8<sup>1/2</sup>)

**BOTH SESSIONS** (7 weeks: July 6 - Aug. 20)   
**1<sup>ST</sup> SESSION** (4 weeks: July 6 - July 30)   
**1<sup>ST</sup> SESSION + ANY 2 WEEKS** in the second session   
**2<sup>ND</sup> SESSION** (3 weeks: Aug. 3 - Aug. 20)   
**2<sup>ND</sup> SESSION** (Any 2 weeks in the second session)

**P.M. EXTENDED HOURS** (for Kidsworld campers only)   
**EARLY A.M. DEPOT BUSSING REQUIRED**   
 (The camp office will call you to arrange the exact time and location.)

SURNAME \_\_\_\_\_ FIRST NAME(S) \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

BIRTH DATE: DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

AGE AS OF JULY 1, 2010: YRS \_\_\_\_\_ MONTHS \_\_\_\_\_  BOY  GIRL

PHONES: HOME \_\_\_\_\_ EMAIL \_\_\_\_\_

FATHER'S BUSINESS \_\_\_\_\_ MOTHER'S BUSINESS \_\_\_\_\_

FATHER'S CELL \_\_\_\_\_ MOTHER'S CELL \_\_\_\_\_

MOTHER'S FIRST NAME \_\_\_\_\_

DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

SCHOOL \_\_\_\_\_ ENTERING CLASS \_\_\_\_\_

PREVIOUS CAMPING EXPERIENCE. WHERE? \_\_\_\_\_

WAS IT A GOOD EXPERIENCE? (If not, please give details on reverse side.) \_\_\_\_\_

LIST ANY MEDICAL PROBLEMS: \_\_\_\_\_

RED CROSS SWIMMING BADGES HELD: \_\_\_\_\_

IN CASE OF EMERGENCY WHEN PARENTS ARE UNAVAILABLE, PLEASE CONTACT:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATION \_\_\_\_\_

- I agree to release and indemnify KIDSWORLD DAY CAMP/ FUNWORLD DAY CAMP and its employees and directors from any and all claims from any accident, injury, or otherwise sustained by the herein named child arising from participation in any camp activity.
- I allow my child to participate in any and all camp activities and in all trips & activities not on camp property.
- I give camp officials the right to act on my behalf in case of emergency.
- I allow my child to be photographed for publicity purposes.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_