

CAMPER ENROLLMENT APPLICATION

Circle as R	equired			CAMP HOURS: All Ages - 9:00 a.m 4:00 p.m.
Session 1: Session 2:	June 28th July 12th	_ _	July 9th July 23rd	Optional: Extended Hours – Circle as required AM PM 7:30-8:45 4:00 - 5:30
Session 3: Session 4:	July 26th August 9th	-	August 6th August 20th	On Friday, July 23rd and Friday August 20th dismissal for all campers will be at 12:00 noon. ~ No camp on Monday, July 5, 2010 ~
Child's Naı	me			Male/Female
				Grade as of September
Parent's Name				Parent's Name
Daytime Phone				Daytime Phone
E-mail				E-mail
Parent's Name				Parent's Name
Daytime Phone				Daytime Phone
				Policy #
- F				
I understan	d the camp's po	olicy on	registration and l	I agree to be responsible for the payment of all fees due.
Signature	of Parent/Guardie	ın		Date

AUTHORIZATION AND CONSENT FORM

attention for my child	Child's Name	However, if I cannot be reached, I hereby		
authorize CAMP SIX ACRES	to transport my child to t	he WINCHESTER HOSPITAL and/or secure		
my child the necessary medica	ıl treatment.			
Signature of Parent/Guardian				
I hereby authorize CAMP SIX	ACRES to release my ch	ild to the following persons (other than parent		
Name	Relationship _	Phone		
Name	Relationship _	Phone		
Name	Relationship _	Phone		
Address		Polationship		
Address		RelationshipPhone		
Emergency ContactAddress		RelationshipPhone		
Signature of Parent/Guardian		Date		
Publications Release: I understand that pictures of my other promotional materials.	children participating in	Camp activities may be used in camp mailings a		