

Safety America, Inc. - Winter Camp 2018

Child Name: _____ Age: _____ DOB: _____

Mother Name: _____ Mother Cell: _____

Father Name: _____ Father Cell: _____

Home Phone: _____ E-mail: _____

Pick-up Info (If different than above) Name: _____ Cell: _____

How did you find out about our camp? _____

Are you a current member? Yes or No If so, what class are you enrolled in? _____

Please list any physical conditions/chronic injuries, medical problems and any restrictions.

Please read and initial that you understand and agree to our camp policies:

- _____ 1. Camp fees must be paid in full by the time of drop off & a parent must sign their child in.
- _____ 2. I understand there are NO REFUNDS for missed camp days and NO MAKE-UPS.
- _____ 3. I understand that aftercare fees will apply if my child is not picked up by 3:00 p.m. sharp.
- _____ 4. My child must bring lunch and a drink every day.
- _____ 5. Only people listed on this form will be allowed to pick up my child.
- _____ 6. No cell phones or electronics will be allowed during camp hours 9:00-3:00.
- _____ 7. SA is not responsible for any lost items at camp.
- _____ 8. If my child does not follow camp rules they may be suspended from the camp.

Only dates that are paid for in full will be marked.

		MON		TUES		WED		THURS		FRI	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1	Dec. 26 - 28		CLOSED		CLOSED						
2	Jan. 2 - 4		CLOSED		CLOSED						