Safety America & Ninja-Kid Warrior - Summer Camp 2019

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 except Monday (Pizza 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.
_____ 9. I agree that SA can take photos of my child for promotional purposes.

Office Use Only:

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

		AM	MON	PM	AM	TUES	PM	AM	WED	PM	AM	THURS	PM	AM	FRI	PM
1	May 28 - 31	OSED														
2	June 3 - 7															
3	June 10 - 14															
4	June 17 - 21															
5	June 24 - 28															
6	Jul 1 - 5									CLOSED			CLOSED			
7	Jul 8 - 12															
8	Jul 15 - 19															
9	Jul 22 - 26															
10	Jul 29 - Aug. 2															
11	Aug. 5- 9															
12	Aug. 12 - 13															