Safety America & Ninja-Kid Warrior - Summer Camp 2020

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, wh	nat class are you enrolled in?
Please list any physical conditions/chronic injuries, me	dical problems and any restrictions.
2. I understand there are NO REFUND 3. I understand that aftercare fees will 4. My child must bring lunch (except I 5. Only people listed on this form will 6. No cell phones or electronics will be 7. SA is not responsible for any lost ite	he time of drop off & a parent must sign their child in. OS for missed camp days and NO MAKE-UPS. Il apply if my child is not picked up by 3:00 p.m. sharp. Monday-Pizza Day) & a drink each day . be allowed to pick up my child. e allowed during camp hours 9:00-3:00. ems at camp. Iles they may be suspended from the camp.

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	June 1 - 5															
2	June 8 - 12															
3	June 15 - 19															
4	June 22 - 26															
5	June 29 - July 3															
6	July 6 - 10															
7	July 13 - 17															
8	July 20 - 24															
9	July 27 - 31															
10	Aug 3 - 7															
11	Aug 10 - 11							CLOSED								