



11633 137<sup>th</sup> St. N. Largo, FL 33774 | 727.517.2153

**CAMPER NAME:** \_\_\_\_\_  
 (PLEASE SUBMIT A SINGLE REGISTRATION FOR EACH CAMPER)

Parent Name: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Camp Contact if different: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**WHO IS AUTHORIZED TO PICK UP THIS CAMPER?**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH HISTORY IS REQUIRED TO ENSURE THE SAFETY OF YOUR CHILD AND IS COMPLETELY CONFIDENTIAL**

Child's Physician Name: \_\_\_\_\_ Physician Phone #: \_\_\_\_\_  
 Preferred Hospital: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Insurance Co. \_\_\_\_\_ Policy: \_\_\_\_\_

Please List any medications, medical problems or disabilities that pertain to your Child: \_\_\_\_\_

Is your child allergic to anything? \_\_\_\_\_  
 Past surgery? \_\_\_\_\_ Any dietary restrictions? \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

IF MY CHILD, \_\_\_\_\_, SHOULD BECOME ILL OR BE INJURED AT LARGO CHRISTIAN SCHOOL SUMMER CAMP, I UNDERSTAND THAT THE FACILITY WILL: 1) CONTACT ME IMMEDIATELY OR 2) SHOULD CONTACT THE PERSON(S) I HAVE DESIGNATED. I GIVE MY PERMISSION FOR THE DIRECTOR TO CONTACT MY CHILD'S PHYSICIAN AND/OR ARRANGE FOR IMMEDIATE EMERGENCY TREATMENT. THE PHYSICIAN AND/OR MEDICAL FACILITY ARE AUTHORIZED TO ADMINISTER EMERGENCY MEDICAL TREATMENT NECESSARY TO INSURE THE SAFETY OF MY CHILD.

Please provide an alternate person we may contact who is authorized by you, who can assume responsibility for your child if for some reason you, the parent(s), cannot be reached immediately in an emergency situation.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

**MEDIA RELEASE I UNDERSTAND THAT FROM TIME TO TIME, LARGO CHRISTIAN SCHOOL, AS WELL AS NEWSPAPERS AND TELEVISION STATIONS, MAY INTERVIEW, PHOTOGRAPH AND VIDEO TAPE OUR PROGRAMS FOR PUBLICATION AND HEREBY GIVE MY EXPRESS BLANKET CONSENT TO SAME.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ***Summer Dates & Pricing***

Please check the session/s you want to register for and across

## **PreK3 to PreK4 Summer Camp Pricing**

	<b>Weekly Theme</b>	<b>Cost</b>	<b>Total</b>
Session 1 – Week of 06/03	Around the world in 80 days	\$100	
Session 2 – Week of 06/10	Mad-Science	\$100	
Session 3 – Week of 06/17	Pirates	\$100	
Session 4 – Week of 06/24	Starts and Stripes	\$100	
Session 5 – Week of 07/08	Symphony of the Five Senses	\$100	
Session 6 – Week of 07/15	Superheroes	\$100	
Session 7 – Week of 07/22	Under the Big Top	\$100	
Session 8 – Week of 07/29	Inventors Workshop	\$100	
Session 9 – Week of 08/05	Challenge Week	\$100	

Total: \_\_\_\_\_

## **K-12<sup>TH</sup> Sports Camp Pricing**

	<b>Cost</b>	<b>Total</b>
Session 1 – Week of 06/03	\$75	
Session 2 – Week of 06/10	\$75	
Session 3 – Week of 06/17	\$75	
Session 4 – Week of 06/24	\$75	
Session 5 – Week of 07/08	\$75	
Session 6 – Week of 07/15	\$75	
Session 7 – Week of 07/22	\$75	
Session 8 – Week of 07/29	\$75	
Session 9 – Week of 08/05	\$75	

Total: \_\_\_\_\_

**Registration Fee is \$25 per STUDENT**

**Payment is DUE the Friday prior to the scheduled session**

**Sibling Discount: \$25 off one sibling for each multi-sibling session**

Methods of payment accepted: Cash / Credit / PayPal

\*Fees may apply