

OPASC 3-DAY APPLICATION

*Attach headshot photo of child

Camper Age Birth date Email address

Address City Zip Code School

Mother's Name Home/Cell/Work Phone Father's Name Home/Cell/Work Phone

Child's Physician Phone Emergency Contact Phone Relationship

T-Shirt (circle size) Child: XS S M L XL Adult: S M L XL Additional T \$12 Quantity_____

Please circle the week(s) and times you would like your camper to attend. Your camper will be enrolled for the M W F of the week you select.

Half day is 8:30AM-12:30PM, Full day is 8:30AM-3:30PM, Weeks 1 & 6 are pro-rated.

Weeks	Times/Pricing		Amount (+ \$25 app fee)
1 (May 31-June 3) W F	Half Day (\$74)	Full Day (\$112)	
2 (June 6-10) M W F	Half Day (\$111)	Full Day (\$168)	
3 (June 13-17) M W F	Half Day (\$111)	Full Day (\$168)	
4 (June 20-24) M W F	Half Day (\$111)	Full Day (\$168)	
5 (June 27-July 1) M W F	Half Day (\$111)	Full Day (\$168)	
6 (July 5-8) W F	Half Day (\$74)	Full Day (\$112)	
7 (July 11-15) M W F	Half Day (\$111)	Full Day (\$168)	

Total:

Please list any medical conditions/allergies or dietary considerations we should be aware of:

I hereby authorize the staff of this camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release its directors, employees and their heirs from any liability and injury or illness incurred at camp. I have read and agreed to refund policy.

Parent's signature Date Health Insurance Policy #

Can we use photos of your child captured at camp for display or advertising? Yes! _____ initial here
