



Adventure Kids Day Camp

January 7-11, 2008

Registration deadline: Dec. 15, 2007

Child's name _____

Age _____

Birth date _____

School _____

Grade completed Dec. 2007 _____

Mother's name _____

Email address _____

Mother's cell phone _____

Father's name _____

Father's cell phone _____

Home telephone and address _____

Emergency contact (name and telephone) _____

Allergies? _____

Special instructions _____

Asthma _____ yes _____ no

Child's doctor _____

Doctor's telephone _____

Does your child have any physical or emotional problems? _____

Please indicate your child's ability to swim.

_____ non swimmer _____ beginner _____ good swimmer

Medical Treatment Waiver: If at any time medical treatment is necessary for my child, I give consent for treatment to be given. I understand that every effort will be made to contact parent and emergency contact first.

Firma del Padre o de la Madre: _____ Fecha _____

Please fax to: (506) 289-0404