

# REGISTRATION FORM

CAMP DATES: \_\_\_\_\_ TILL \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

AGE: \_\_\_\_\_

GENDER (CHECK ONE): MALE  FEMALE

PARENT/GUARDIAN NAME: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

HOME ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE:

WORK \_\_\_\_\_ CELL \_\_\_\_\_ HOME \_\_\_\_\_

PLEASE LIST ANY MEDICAL CONDITIONS OR AILMENTS THAT MIGHT RESTRICT YOUR CHILD FROM PARTICIPATING FULLY DURING THIS CAMP:  
(ALLERGIES, RECENT INJURIES, SKIN MEDICATION ETC.)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I \_\_\_\_\_ GIVE MY PERMISSION FOR MY CHILD(REN) TO ATTEND THE CAMP AT SOMERSFIELD ACADEMY. I ALSO, HEREBY RELEASE AND DISCHARGE THE CAMP, CAMP LEADERS, COUNSELORS, AND EMPLOYEES FROM ANY ACTION, LAW SUIT OR CLAIM OF ANY KIND AND NATURE WHATSOEVER; WHICH MAY OCCUR WHILE PARTICIPATING IN THIS CAMP.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_



# PAYMENT FORM

CAMP DATES: \_\_\_\_\_ TILL \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

## PAYMENT TYPE:

CASH

CHECK

DIRECT DEPOSIT

## NOTE:

DIRECT DEPOSITS CAN BE MADE TO THE FOLLOWING ACCOUNT.

BANK NAME: CLARIEN (CAPITAL C)

ACCOUNT NAME: DA-VON WADE

ACCOUNT TYPE: SAVINGS

ACCOUNT NUMBER: 7010042800

WE ARE CURRENTLY UNABLE TO ACCEPT CREDIT CARD PAYMENTS.

WE APOLOGIZE FOR ANY INCONVENIENCE THAT THIS MAY CAUSE.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

