



## Summer Camp Registration Form

### Camper Information

Camper's Name    Last		First	Age at time of camp	Gender
Street Address:			Birth Date	
City	State	Zip	Parent/Guardian email (used for registration confirmation)	

<b>1st Parent/Guardian Name</b>		<b>2nd Parent/Guardian Name</b>	
Cell Phone#	Text?	Cell Phone#	Text?
Home Phone #		Home Phone #	
Work Phone #		Work Phone #	

### Emergency Contact

**Please provide the name of someone not listed above-Parents/Guardians will always be contacted first.**

Name	Relationship	Phone #
Name	Relationship	Phone #

### Parent/Guardian Consent for Pick-Up

**The following individuals are authorized to pick up my child at the end of the camp day.**

Name	Relationship	Phone #
Name	Relationship	Phone #

### Health Related Information

Allergies:	Ongoing Medical Conditions:	
Current Medication, if any:		
If these medications need to be taken while at camp, please complete the attached authorization form for medication administration		
Name of Primary Health Insurance:	Policy Number:	Group Number:

I understand that in the event my child becomes ill or is injured, every attempt to contact me will be made. However, our first priority is the safety and wellbeing of your child and there are situations that may require immediate action in order for them to receive the best treatment. Therefore, I acknowledge that I am solely responsible for all medical and other costs arising out of any injury or illness sustained through participation in this activity. I authorize Cape Leisure Anastasia to staff to secure any licensed hospital, physical or medical personnel any treatment deemed necessary for my child's immediate care.

Printed Name of Parent/Guardian:	Signature:	Date:
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**Registration Information**

**2017 Session Dates**

June 5-8   June 12-15   June 19-22   June 26-29   July 10-13   July 17-20

1 <sup>st</sup> Choice of Session	2 <sup>nd</sup> Choice of Session
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T-Shirt Size- <i>Check One</i>	Child Size	<input type="checkbox"/> Sm	<input type="checkbox"/> Med	<input type="checkbox"/> Lg	Adult Size	<input type="checkbox"/> Sm	<input type="checkbox"/> Med	<input type="checkbox"/> Lg	<input type="checkbox"/> XL
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Payment Method  
Camp session is \$250 per session, per child.

- I am mailing the application. Check is enclosed-made payable to *Cape Leisure Anastasia*
- I am calling with my credit card information-904-460-9111
- I am dropping off application in person and am paying with     credit card     check

Mailing Address

Anastasia Watersports  
1340-A State Rd. A1A South  
St. Augustine, FL 32080

Physical Address

Anastasia Watersports  
850 Anastasia Park Road  
St. Augustine, FL 32080

**General Release of Liability**

I, the undersigned parent or guardian of \_\_\_\_\_ (print child's name) hereby grant permission for my child to participate in all the activities of Anastasia Watersport Summer Camp. I understand that participation in the above named activities involves inherent risk of physical injury and I assume all such risks. I hereby release Cape Leisure Anastasia, LLC, its owners, employees, officers and agents of any and all claims, demands, rights and causes of action of whatever kind of nature arising from and by reason of any and all known and unknown bodily injury, damage to property and consequence thereof, resulting from participation in or in any way connected with Anastasia Watersports Summer Camp.

I hereby give permission for my child to be photographed during the **Anastasia Watersports Summer Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Anastasia Watersports and its affiliates.