



# P.A DAY CAMP

**FRIDAY OCTOBER 20, 2017**

*(Please fill out in full)*

*Please return with payment*

**COST \$50+ TAX ( A.S.P 50% OFF)**

Camper's Name (first, last): \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Sex (M or F): \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent or Guardians' full names: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ phone: \_\_\_\_\_

Parent signature: \_\_\_\_\_

I approve this registration and certify that the proposed camper is in normal health and able to participate in all camp activities. The camper waives any right or cause of action of any kind arising as a result of camp activities from which liability may or could accrue to the school, its officers, agents, employees, instructors and/or students.

ALL PAYMENTS ARE FINAL AND NON REFUNDABLE. In the event a student is unable to attend he or she may claim that as a credit for use at a later time during the present or any future