



P.A DAY CAMP

FRIDAY JANUARY 19, 2018

(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