

7th ANNUAL SPRING BREAK ARTS CAMP

REGISTRATION FORM 2010

APRIL 5th - 9th, 2010 – 9am - 4pm

Name of participant: _____

Age: _____ **Sex** _____ **Date of Birth** _____

Name of Parent/guardian _____

Address: _____

City _____ **State** _____ **Zip** _____

Do you reside in Douglas County? _____ **Do you live within a city limit? (Pay city tax)** _____

Home Phone _____ **Work Phone** _____

E-mail Address _____

Emergency contact _____

Relationship _____ **Phone #** _____

Participant's Doctor _____ **Phone #** _____

Health History

Illnesses: _____

Allergies: _____

Physical Disabilities: _____

Any medications to be dispensed? _____ **Time to be given** _____

Name of medication _____ **Amount** _____

Special Notes: Camp fees are non-refundable. Please make sure your child has had breakfast or you may send them something for breakfast. A snack will be provided at 10:00 a.m. and 2:00 pm each day. Any parent who must consult with a camp employee or instructor may do so by leaving a message for the staff member at the front desk or meet with camp staff 30 minutes before or after camp.

Fee: \$75 first child, \$60 for CAC members with a \$5 sibling discount

Money must be paid at the time of registration

Make checks payable to CAC

Signature Parent (or Guardian) _____ **Date** _____

Office Use Only:

Amount Paid: \$ _____ **Check #:** _____ **Cash:** _____ **Receipt #** _____

Date Paid: _____ **Staff Initials:** _____