

8th ANNUAL SPRING BREAK ARTS CAMP

REGISTRATION FORM 2010

APRIL 4th - 8th, 2011 – 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. Lunch should be provided by the camper and snacks will be provided for by park staff 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: _____