



# 2011 AFTERNOON ARTS & CRAFTS REGISTRATION



**MONDAYS AND WEDNESDAYS: July 11- August 17**

**4-7 Year Old Camper: 3:00 PM to 4:00 PM**

**8-12 Year Old Camper: 4:00 PM to 5:00 PM**

All attendees must be properly enrolled in the Saltaire Day Camp for the days registered for the Afternoon Arts & Crafts Program

FULL NAME OF CHILD

AGE

FULL NAME OF CHILD

AGE

_____	_____	_____	_____
_____	_____	_____	_____

FEE: \$10.00 per day per child: Number of Children \_\_\_\_\_ X \$10.00 = Total Fee \_\_\_\_\_  
(From Total Below)

Day	# of Children 8-12 Yrs Old	# of Children 4-7 Yrs Old
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Day	# of Children 8-12 Yrs Old	# of Children 4-7 Yrs Old
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July 11 \_\_\_\_\_

July 13 \_\_\_\_\_

July 18 \_\_\_\_\_

July 20 \_\_\_\_\_

July 25 \_\_\_\_\_

July 27 \_\_\_\_\_

Aug 1 \_\_\_\_\_

Aug 3 \_\_\_\_\_

Aug 8 \_\_\_\_\_

Aug 10 \_\_\_\_\_

Aug 15 \_\_\_\_\_

Aug 17 \_\_\_\_\_

TOTAL NUMBER OF CHILDREN/DAYS (Add all Numbers) \_\_\_\_\_

Medical Coverage and Waiver: The Recreation Program provides limited accident insurance coverage for each child during participation in camp activities. The terms and conditions of the policy are available through the Village Office. It is not in any way a substitute for family medical coverage. I give permission for emergency diagnostic and therapeutic procedures, including hospitalization, securing proper treatments, injection of medication, anesthesia or surgery as may be deemed necessary for my child by the medical personnel in charge of care at the time; and also provide information concerning my child's medical condition to the responsible officials when deemed necessary. My child is in good health and has my permission to enroll and participate. My child has no previous sickness, illness, disease or bodily injury which is in any way a constraint or restriction to his/her participation in the Saltaire Day Camp. I understand that I must have a complete medical form signed by a physician on file prior to the first day my child begins camp.

By signing below, the parent or parental designee confirms that the above named children are fully enrolled in the Saltaire Day Camp and agree to abide by all of the rules thereof, and that the emergency contact information is the same as submitted with the Saltaire Day Camp Application.

\_\_\_\_\_  
PARENT'S NAME

\_\_\_\_\_  
PARENTAL DESIGNEE'S NAME

OR

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DESIGNEE'S SIGNATURE