



2010 BCRD DAY CAMP REGISTRATION

Save 15% when you register for the entire summer!

CHILD REGISTRATION INFORMATION		
First Name:	Last Name:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age:
Medical Information: Please indicate any medications or medical problems we should be aware of		
Parent/Guardian Information		
First Name:	Last Name:	
Mailing Address:	City:	State: Zip:
Email:	Day Phone:	Cell:
In case of emergency, please list best contact name(s) and phone numbers below:		
Best Contact Name & Phone:		2nd Contact and Phone
Summer Day Camper - \$1,275.00 - Save 15% BEST VALUE!		TOTAL
Entire Summer - June 7 through August 27		\$
Monthly Day Camper - \$450 per month - Save 10%		Quantity TOTAL
		\$
<input type="checkbox"/> Month 1 (June)	<input type="checkbox"/> Month 2 (July)	<input type="checkbox"/> Month 3 (August)
Weekly Day Camper - \$125.00 per week		Quantity TOTAL
Please Indicate Week(s):		
<input type="checkbox"/> Week 1: June 7-June 11	<input type="checkbox"/> Week 5: July 5-July 9	<input type="checkbox"/> Week 9: Aug 2-Aug 6
<input type="checkbox"/> Week 2: June 14-June 18	<input type="checkbox"/> Week 6: July 12-July 16	<input type="checkbox"/> Week 10: Aug 9-Aug 13
<input type="checkbox"/> Week 3: June 21-June 25	<input type="checkbox"/> Week 7: July 19-July 23	<input type="checkbox"/> Week 11: Aug 16-Aug 20
<input type="checkbox"/> Week 4: June 28-July 2	<input type="checkbox"/> Week 8: July 26-July 30	<input type="checkbox"/> Week 12: Aug 23-Aug 27
Summer Registration Total		
		Registration Sub-Total \$
		6% Sales Tax \$
		Total Amount of Registration \$

Parental Consent and Waiver

I hereby certify my child (ward) _____ is physically fit, has medical insurance and has been given consent to participate in BCRD Day Camp. I understand that all safety precautions will be taken, but in the event of accident or injury, BCRD, instructors or agents cannot be held responsible and I do hereby waive, relinquish & release all rights to damages that may be sustained. This waiver also gives the BCRD permission to use photographs/video tapes of my child participating in the program for publicity purposes. Also, my child has permission to participate in walking and bussed field trips in and around Hailey and swim at the BCRD aquatic Center with BCRD staff. Staff members have my permission to seek emergency medical treatment, if needed.

Signature _____ Date: _____