

CAMPER'S NAME _____ AGE _____ SEX: _____ D.O.B.: _____
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Parent's Name: _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Email Address:** _____

Work Phone: _____ **Cell Phone:** _____

Emergency Contact:

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

List any allergies or medical conditions:

Physicians Name: _____

Authorized Pick-up

Please list the names of anyone who is authorized to pick your child up from camp:

Camp information: Holidays _____ Summer _____ Intensive _____

Date: One Day _____ Half Day (week) _____ Half Day (week) _____

Full Day (week) _____ Full Day (week) _____ Full Day (week) _____

Total: _____ = \$ _____
Discount: member ___ siblings ___ early bird _____ - \$ _____
Total with discount: \$ _____

I certify that the above listed children are siblings and reside in the same household _____
 I authorize ASCA camp to use photographs of my child in their advertising material. Yes/ No

Payment Method: Cash _____ Credit Card _____ (please fill out credit card authorization form)
 Check (Check #) _____ Make checks payable to: **ASCA**

PARENT/GUARDIAN SIGNATURE: _____ DATE _____