

REGISTRATION FORM

MERGE SUMMER CAMP



PARENT / GUARDIAN FULL NAME

NAME _____

ADDRESS _____

CONTACT Phone: _____ Email: _____

CHILDS DETAILS (One form per child)

Child _____ Age _____

- ALLERGIES (Please list)

Y/N

- SWIMMING ABILITY

Can't swim Fair Good Advanced

DAYS ATTENDING Wednesday Thursday Friday ALL

PICK UP CONTACT (If pick up person is different than parent)

NAME _____

PHONE _____

PAYMENT \$10

Cash Card

PARENT SIGNATURE

Date
