

Family Information

Camper(s) Name _____ Birth Date _____ Fall 2010 Grade _____

Name _____ Birth Date _____ Fall 2010 Grade _____

Address _____

City _____ State _____ Zip Code _____

Is the camper a member? (y or n) _____ Membership type: Student Family Exp. Date _____

Parent/Guardian #1 Name _____ Parent/Guardian #2 Name _____

Home Phone number _____ Home Phone number _____

Email _____ Email _____

Work/Cell Phone _____ Work/Cell Phone _____

Place of Employment _____ Place of Employment _____

Emergency Contact Name/Phone number _____ Physician Phone number _____

Family Physician Name _____

Any Known Allergies _____

Check here if your child has anaphylactic reactions to food. CCARTs will contact you before camp begins.

Any known medical conditions _____

Any special needs staff should be aware of _____

I (Parent/guardian), _____ of child(ren) _____, hereby authorize emergency medical treatment of my child in the event I cannot be contacted to give permission for treatment. I understand that I will be responsible for the cost of such treatment. I have also read and understood SACFO Policies listed on page 12 of this brochure and discussed them with my child(ren).

Signature _____ Date: _____

Authorized pick-up people (other than Parent #1 and Parent #2) and their phone numbers:

1. _____

2. _____

3. _____

By signing this agreement, I agree that I have read the registration brochure and agree to the terms and policies therein. While all reasonable precautions have been taken, I understand that CCARTs is not responsible for typographical errors with regard to registration, schedule and pricing information in this brochure.

PO Box 146 * 410 Upper Snuff Mill Row, Yorklyn, DE 19736 * (302)239-2434 Fax: (302) 489-0120

What is the **primary** telephone number we should call to reach you during camp?

This is the phone number we will call if we need to contact someone. When possible, additional numbers provided will also be attempted.

Please note: a 2% processing fee will be added for credit card payment.

Payment Information: Check VISA M/C

Card # _____ Exp. Date _____

Name as it appears on card _____

Authorized Signature _____

