

Summer Camp for
Boys & Girls
Age 4 to 10 years old
June 4th to August 10th

Splish Splash



Summer Camp

2517 Enfield Rd.
Austin, TX 78703
Phone (512) 477-7178
www.kids-are-first.com
kidsarefirst@earthlink.net
Contact: Sam or Shannon

Camper's Full Name _____ Nickname _____

Birthdate _____ Age _____ Sex _____

Name of School _____ School Phone # _____

Home Address _____ Home Phone # _____

Mother's Name _____ DL# _____ Cell Phone # _____

Employer _____ Business Phone # _____

Father's Name _____ DL # _____ Cell Phone # _____

Employer _____ Business Phone # _____

Parent's Email Address _____

Will this be camper's first camping experience? _____

Where has he/she been a camper before? _____

Can camper swim? _____

Does camper have any fears or special needs? _____

Does camper have any allergies? (include food, plants, sun, etc.) _____

Does camper have any special problems or medical conditions? _____

Is camper physically able to participate in all camp activities? _____

Has he/she ever been on an overnight without a parent present? _____

Does camper know any other campers at SPLISH SPLASH SUMMER CAMP? _____

Sessions camper will attend: (please check all that apply)

All Sessions _____ Session 3 – July 2 to 13 _____

Session 1 – June 4 to 15 _____ Session 4 – July 16 to 27 _____

Session 2 – June 18 to 29 _____ Session 5 – July 30 to Aug 10 _____

Person to be called in case of sudden illness or emergency if parents are unavailable:

Name _____ Phone # _____

Name _____ Phone # _____

Camper will be left with an adult and released only to the parents or following people:

Name _____ Phone # _____

Name _____ Phone # _____

◇ I have been given a parent handbook

◇ I give my consent for my child to participate in water activities

◇ I give my consent for my child to be transported by Splish Splash Summer Camp

In the event that I cannot be reached to make arrangements for emergency medical attention at the time of an illness or accident, I hereby authorize Splish Splash Summer Camp to take my child _____ to the nearest emergency room.

Parent Signature

Date

Fees payable to Splish Splash Summer Camp are for further consideration for allowing my child to attend Splish Splash Summer Camp for a period heretofore designated. I understand that the registration, field trip, and session fees are non refundable and that consideration cannot be made for campers who do not attend the entire session. I hereby release and hold harmless Nelda Kubicek, individually, Splish Splash Summer Camp, and any staff of Splish Splash Summer Camp, from any damages, personal injury or sickness or otherwise suffered by my child, due to any accident on or off Splish Splash Summer Camp premises that might occur to my child while enrolled at Splish Splash Summer Camp.

Parent Signature

Date

I promise to abide by all camp rules and regulations

Camper Signature

Director Signature

Date