

Summer Camp for  
Boys & Girls  
Age 4 to 10 years old  
June 4<sup>th</sup> to August 10<sup>th</sup>



2517 Enfield Rd.  
Austin, TX 78703  
Phone (512) 477-7178  
[www.kids-are-first.com](http://www.kids-are-first.com)  
[kidsarefirst@earthlink.net](mailto: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 – \_\_\_\_\_

Session 1 – \_\_\_\_\_ Session 4 – \_\_\_\_\_

Session 2 – \_\_\_\_\_ Session 5 – \_\_\_\_\_

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 \_\_\_\_\_