



WAKE NATION

2016 SUMMER CAMP ENROLLMENT Application PACKET

The Enrollment Application Packet consists of a number of forms that must be completed in full, a minimum of two weeks prior to the first camp your child is registered for. Also due at that time is a copy of your child's up-to-date immunizations, and a \$100 deposit per session per registered child. Campers must be 7 yrs and older.

Name of Child	
Name of Parent	

Today's Date: ____/____/____

Parent/Guardian Information	
Name	
Street Address	
City/State/Zip	
Date of Birth	
Phone (Home)	
Phone (Cell)	
Email Address	

Camper Information	
Name	
Date of Birth	
Age	
School Attending	
Gender	Male Female



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2nd Called	If the main parent/guardian cannot be reached, this person will be the second to be called.
Parent/Guardian Name	
Street Address	
City/State/Zip	
Home Phone	
Cell Phone	
Email Address	

1st Called	This person will be called first in the event of an illness/emergency. This must be a parent/guardian.
Parent/Guardian Name	
Street Address	
City/State/Zip	
Home Phone	
Cell Phone	
Email Address	

Adults Authorized to Pick up My Child (Must be at least 18 years old) Please include yourself and your spouse			
1.		4.	
2.		5.	
3.		6.	



2015 SUMMER CAMP ENROLLMENT Application Form

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Place an X in each box to indicate which week(s) of camp you would like to register your child for.

<input checked="" type="checkbox"/>	Week	Session Date/Time	Which City?		Full Day Rate Breakdown	
			Whole Day 8am-4pm \$375	Half Day 8am-1pm \$325	Season Pass Holders	Non-Seas on Pass Holders
	1	3 Days / June 14 – 16 8AM to 4PM			\$300	\$375
	2	3 Days / June 21 – 23 8AM to 4PM			\$300	\$375
	3	3 Days / June 28– 30 8AM to 4PM			\$300	\$375
	4	3 Days / July 5 – 7 8AM to 4PM			\$300	\$375
	5	3 Days / July 12 – 14 8AM to 4PM			\$300	\$375
	6	3 Days / July 19 – 21 8AM to 4PM			\$300	\$375
	7	3 Days / July 26 – 28 8AM to 4PM			\$300	\$375
	8	3 Days / Aug 2 – 4 8AM to 4PM			\$300	\$375
	9	3 Days / August 9 - 11 8AM to 4PM			\$300	\$375
	10	TBD			\$300	\$375
					\$300	\$375

Discounts:	Deposit:
-\$50 off for additional campers (siblings) -20% off for your 2 nd camp session	\$100 per session, per child. Non-refundable/Non-transferable/Due at the time of registration.

The above selected weeks are my responsibility to pay unless I have cancelled them in writing. Cancellations must be given to Wake Nation with a week's notice to avoid billing.

Parent/Guardian Signature

_____/_____/_____
Date



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A parent/guardian must provide Wake Nation consent for emergency medical treatment to be initiated for their child in the event of an emergency. A parent/guardian may also refuse to grant consent. If you would like to deny consent, please contact Wake Nation

In the event reasonable attempts to contact me or a second parent/guardian at the numbers listed in my Emergency Contact information, have been unsuccessful, I hereby give my consent for: **(1)** the administration of any treatment of physician or dentist I have listed below, or in the event the designated preferred physician is not available, by another licensed physician or dentist; or **(2)** the transfer of the child to the designated preferred hospital I have listed or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such action, are obtained prior to the performance of the surgery.

Parent/Guardian Signature

_____/_____/_____
Date

Health History

This section allows parents to indicate your preferences in doctors/medical facilities and also allows you to communicate any of your child's health history information that can help us ensure a safe and happy experience at camp for your child. Please list any information regarding special medical issues, special dietary needs, possible allergies, etc. for your child in this section. If applicable, an Administration of Medication form is available upon request from your Camp Director.

Designated Preferred Physician	Name:	Current Medication	
	Address:		
	Phone:	Dietary Modifications	
Designated Preferred Dentist	Name:	Operations Serious Injury	
	Address:		
	Phone:	Disabilities	
Designated Preferred Hospital	Name:	Chronic Illness Reoccurring Illnesses	
	Address:		
	Phone:	Allergies (Food, Meds, Insects, Etc.)	



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Dear Camper,

Congratulations!!! You have just made one of the best decisions you will make all summer! We hope you're ready for the adventure of a life time! From all of us at Wake Nation Cincinnati, Thank you for signing up for our Summer Camps and we can't wait to see you on the water!!!