



2018 SUMMER CAMP



Day Camps will run the weeks of
June 25th – 29th, July 9th – 13th, and
August 6th – 10th 2018
9:00am-1:00pm
Ages 7 and Up

COST of Camp \$145.00 – For families, \$145 first child, \$125 each add'l
(applies only to week long camp)

Participant Name _____ Birth date _____

Address _____
Street City State Zip

Contact Name _____ Contact # _____ email _____

Person's authorized to pick up your child or to be notified in case of an emergency (other than parents). Photo identification will be required at the pick-up time. Your child will only be allowed to leave camp with those persons listed below:

Name	Relationship (To child)	Phone #	Cell #
1.	_____	_____	_____
2.	_____	_____	_____

Please list any health issue, allergies, habits or other considerations that staff should be aware of:

** May your child have his/her picture taken by the staff during the program? YES NO*
CONSENT FOR TREATMENT: (PLEASE ENTER YOUR CHILD'S NAME ON THE LINE)

THIS CONSENT WILL BE VALID BETWEEN REGISTERED CAMP DATES (JUNE 25TH – 29TH, JULY 9TH – 13TH, AUGUST 6TH – 10TH, 2018) OR UNTIL RESCINDED IN WRITING BY THE PARENT OR GUARDIAN. IN A MEDICAL EMERGENCY, I GIVE PARENTAL CONSENT FOR INVASION LASER TAG TO TAKE MY CHILD _____ TO THE NEAREST HOSPITAL OR MEDICAL CLINIC TO RECEIVE NECESSARY MEDICAL ATTENTION, IF INVASION LASERTAG IS UNABLE TO CONTACT THE PARENT OR GUARDIAN.

PARENT SIGNATURE _____ DATE _____

By signing below I give permission for Invasion Laser Tag and its staff to take a Walking Field Trip to Area Parks.

PARENT SIGNATURE _____ DATE _____