



WAYNE PAL SUMMER DAY CAMP

(One form per child)



CHILD'S NAME _____ AGE _____ DOB _____ GRADE(AS OF SEPT 2014) _____
ADDRESS _____ TOWN _____ STATE _____ ZIP _____
PHONE _____ SCHOOL _____

	Payment		Payment		Payment
WEEK 1 (6/30-7/3*)	_____	WEEK 2 (7/7-7/11)	_____	WEEK 3 (7/14-7/18)	_____
WEEK 4 (7/21-7/25)	_____	WEEK 5 (7/28-8/1)	_____	WEEK 6 (8/4-8/8)	_____
WEEK 7 (8/11-8/15)	_____	WEEK 8 (8/18-8/22)	_____		

Card Number:	Amount:
Expiration Date:	Name (as it appears on the card):
	Date:

Only Visa, Mastercard and Discover accepted

_____ SUMMER CAMP (7:30AM-6:30PM)- \$180.00/week
_____ EARLY PICK -UP SUMMER CAMP (7:30AM-3:30PM) -\$140.00/week
_____ DAILY RATE \$40.00

PAYMENT PLANS AVAILABLE. Inquire at the PAL.

Medical Release Form
Please attach a copy of your child's Immunization records

Emergency Phone #'s

1. Parents Name _____ Employer _____
Phone #'s Work _____ Cell _____

2. Parents Name _____ Employer _____
Phone #'s Work _____ Cell _____

Additional Contact (other than an Parent)

3. Name _____ Relationship _____
Phone #'s Home _____ Work _____ Cell _____
Doctor _____ Phone # _____
Dentist _____ Phone # _____

Please list any allergies, medications, health problems, physical conditions, etc.

In the event of an emergency I hereby give permission, of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

In consideration of acceptance of my child in the Wayne PAL Summer Day Camp. I hereby, for myself, my child, their heirs, executors, and administrators waive and release any claim we may have for damages against the Wayne PAL, its officials, officers, employees or representative, the Wayne PAL board of trustees, its officers, employees or representative or their successors or assigns for any and all injuries, except those specifically covered under the PAL Youth Activity Accident Insurance policy, that may be suffered by my child while participating in sports events or programs or activities of the Wayne PAL.

The above applicant is in good physical and mental condition and requests enrollment in our summer camp.
Parent/Guardian

Signature _____ Date _____