

Mt Juliet Summer Camp 2017 Registration Application

Camper Name _____

Parent Contact _____ Preferred Phone _____

Birth Date ____/____/____ Age _____ Sex M/F _____

School Attending _____ Grade _____

Home Address _____ City _____ State _____ Zip _____

Email _____

Father's Name _____ Work # _____ Cell # _____

Mother's Name _____ Work # _____ Cell # _____

Authorized Pick Up _____

I grant permission for the above named child to participate in all planned activities, and absolve the MAC and its personnel from any liability for injury or loss sustained by the child while engaged in such camp activities. The MAC may use random group and individual pictures of my child for advertising purposes. I authorize the MAC staff to provide emergency medical care at my expense. The MAC is not responsible for lost, stolen, or damaged personal property. The MAC reserves the right to dismiss any child who jeopardizes the integrity of the camp program without a refund. If your child has any allergies or medical issues please provide appropriate paper work.

Signature _____ Date _____

Print _____

Please check the days your child will attend summer camp. You will be charged for the days you sign up to attend, even if you do not attend those days. Changes can be made by submitting a two week written notice, allowing us time to properly schedule our teachers. Tuition is due the first day you attend camp each week. A one dollar per minute late fee will be charged for pick up after 6:00pm.

All Week	Monday	Tuesday	Wednesday	Thursday	Friday
May29-June2	CLOSED				
June5-9					
June12-16					
June19-23					
June26-30					
July3-7		CLOSED			
July10-14					
July17-21					
July24-28					
July31					

