

**MAC Summer Camp 2016**  
Registration Application

<p><u>MAC use only:</u></p> <p>Registration fee: _____</p> <p>Activity fee: _____</p>
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Camper Name \_\_\_\_\_

Parent Contact \_\_\_\_\_ Preferred Phone \_\_\_\_\_

Birth Date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Sex M/F \_\_\_\_\_

School Attending \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Number \_\_\_\_\_

Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Guardian Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

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.

Date	All Week	Monday	Tuesday	Wednesday	Thursday	Friday
May 23 - 27						
May 30 - June 3		CLOSED				
June 6 - 10						
June 13 - 17						
June 20 - 24						
June 27 - July 1						
July 4 - 8		CLOSED				
July 11 - 15						
July 18 - 22						
July 25 - 29						