THE CHANDLER SCHOOL Pirate Camp 2018 Registration Form

***You must sign-up for a minimum of 2 weeks of camp. Price: $425 per week.**
All weeks will include academic tutoring and activities (see description) except the week of July 24th.

[ ] June 18th-22nd [ ] July 9th-13th [ ] *July 23rd-27th [ ] June 25th-29th [ ] July 16th -20th

***$250 for week. See description**

Total enclosed: $ _____ ***BALANCE DUE June 1, 2018**

Student Name: _____
First Middle Last

Parent(s) Name: _____

Phone: _____ _____ _____
Home Work Cell

Email: _____

DOB: _____/_____/_____ Age: _____ School: _____

Emergency Contact: _____ Phone: _____

* Please remember that meals will not be provided. Bring filling snacks and drinks to eat during breaks. Transportation will not be provided to and from camp. The Chandler School and its volunteers will not be responsible for any lost or stolen items.

PERMISSION FORM: _____ has my permission to participate in all summer camp activities. In the event of an emergency and I cannot be reached, I grant permission for emergency/medical treatment to be given to my child. I agree to pay all medical bills not covered by the insurance company listed below. I release The Chandler School from responsibility for any bills resulting from injuries incurred in this program. I also give my permission for my child to be photographed and for such photographs to be released for publicity purposes. If applicable, I have attached information regarding allergies or other medical conditions about my child of which staff should be aware. I understand there are no refunds once the camp/clinic has started.

List any known allergies: _____ Is there an Epi-Pen? YES / NO

Insurance Company: _____ Policy Number_____

Parent Signature: _____ Date:_____