

**2010 Chesapeake Experience Kayak Camp
Registration Form**

I am registering my child for the week of _____ . Please indicate location of camp registering for _____ .

Participant Name _____ **Age** _____

Birthdate _____ **Grade entering fall 2010** _____

Mailing Address _____

Parent(s)/Guardian(s) _____

Home Phone Number _____ **Work Phone Number** _____

Mobile Phone Number(s) _____

Email Address _____

Name/Phone of Pediatrician or Family Doctor _____

Emergency Contact and Phone Number (other than parent) _____

Names and Contact Phone Numbers for any other adults who are authorized to pick up your child from camp:

Name _____ **Number** _____

Name _____ **Number** _____

Please list any allergies and/or other medical conditions that Camp personnel should be aware of or will prevent your child from participating in camp activities:

T-shirt size (indicate youth M, L, XL or Adult S, M, L) _____

Chesapeake Experience Staff will take photos during camp week. Do we have your permission to use your child's photo on promotional materials that may be developed in the future? **Yes** **No**

Signature of Parent/Guardian _____ **Date** _____

To reserve your space, please print and mail this completed registration form and camp deposit (\$100 for full day/\$65 for half day programs; Tuition balance may be paid at any time, but must be paid in full at least 30 days prior to the camp start date; invoices will be mailed for remaining balances due; Early registration discount applied for all deposits received prior to 3/1/10)

*Mail To: Chesapeake Experience
103 Industry Drive
Yorktown, VA 23693*