

**2012 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 2012 \_\_\_\_\_

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 that will limit or prevent your child from participating in camp activities:**

\_\_\_\_\_  
\_\_\_\_\_

**T-shirt size (included in camp tuition; indicate youth M, L, XL or Adult S, M, L, XL)** \_\_\_\_\_

**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 (\$110 for full day/\$70 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; 10% early registration discount applied for all deposits received prior to 3/2/12)**

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