



2020 CAMP SUNSET

REGISTRATION FORM

Childs Name: _____ Parents Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Childs Age: _____ Birth Date: _____

Email: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

ALLERGIES

CHECK THE WEEKS ATTENDING

- Week 1 June 29th - July 3rd
- Week 2 July 27th - July 31st
- Week 3 August 10th - August 14th

PAYMENT METHOD

- Check
- Credit Card on File
- Credit Card

YOUTH T-SHIRT SIZE

XS S M L XL

ADULT T-SHIRT SIZE

S M

Total Due: _____

CC#: _____ Exp. Date: _____ Zip: _____ CV Code: _____

WAIVER

I, myself, parent or guardian, hereby assume all risks and hazards of activities that pertain to these camps. I release Sunset Club, LLC, B. Smith Holdings LP, employees, volunteers or anyone associated with said companies from all liabilities and I hereby waive my all claims against them. I understand that no insurance coverage is provided to camp participants by either of the Sunset Club LLC or B. Smith Holdings LP.
