



REGISTRATION FORM

Childs Name: _____ Parents Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Childs Age: _____ Birth Date: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

Email Address: _____

T-Shirt Size: _____

CHECK THE WEEKS ATTENDING

- Week 1: June 21st - June 24th
- Week 2: July 5th - July 8th
- Week 3: July 12th - July 15th
- Week 4: July 26th - July 29th
- Week 5: August 9th - August 12th
- Week 6: August 16th - August 19th
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PAYMENT METHOD

- Check
- Credit Card on File
- Credit Card

Credit Card No.

Exp. Date _____ CVCode _____

Total Due: _____

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.

Signature

Date