



Please submit registration forms and checks to:
 Caravel Day Camp
 c/o Steven Oliver
 21 Breckenridge Drive
 Oxford, PA 19363

2010 Registration Form

Name of Camper: _____ M____ F____
 One child per form, please.

Birth Date: ___/___/___ Grade (recently completed in 2010) _____

T-shirt Size: YS YM YLYXL AS AM AL AXL School: _____

Billing Name: _____

Address: _____
 STREET CITY STATE ZIP

Phone Numbers: Home: () - _____ () - _____
 Work: () - _____ () - _____
 Cell phone: () - _____ () - _____

Email Address: _____

Alternate Contact: _____ () - _____
 NAME PHONE NUMBER

Note: Campers' pictures may be used in camp promotional material unless parent notifies Camp Director to the contrary.

Day Camp Enrollment Information: Please circle the appropriate weeks.

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	All Weeks
June 14 - June 18	June 21 - June 25	June 28 - July 2	July 5 - July 9	July 12 - July 16	July 19 - July 23	July 26 - July 30	Aug 2 - Aug 6	Aug 9 - Aug 13	Aug 16 - Aug 20	1-10

Extended Day Camp Enrollment Information:

Please circle the appropriate weeks in order to help us gauge attendance.

Before Care: 7:00 – 8:30

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	All 10 Weeks
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After Care: 3:00-5:30

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	All 10 Weeks
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5 days/week	Day Camp	x _____ weeks	x \$165 / week*	=	
	Extended Care	x _____ weeks	x \$30 / week	=	
3 days/week (Tues, Wed, Thurs)	Day Camp	x _____ weeks	x \$120 / week*	=	
	Extended Care	x _____ weeks	x \$20 / week	=	
Lunch	_____ lunches/week	x _____ weeks	x \$3.00 / lunch	=	+

* Multiple child discount is \$5/week for each child enrolled after the first child.

Total	
50% of Total	

To reserve a spot at Caravel Day Camp, the following forms are due at the time of registration: Registration, Release of Claims (see reverse), Lunch Request, Camp Health Record, and Medical Release forms. A non-refundable 50% of the Total is due upon registration in order to reserve a spot for each camper at Caravel Day Camp. The balance is due on or before 6/14/10. Please note: After 5:30 pm, a \$15 per 15 min fee goes into effect.



Acknowledgment and Release of All Claims

I understand that attending Caravel Day Camp (the “Camp”) and participating in activities provided by or through the Camp, during Camp hours and during extended day care hours, carries the possibility of physical illness or injury to my child (or ward). I hereby assume all risks of and claims associated with any such illness or injury.

Further, I acknowledge that I (as a camper’s parent or guardian) am obligated to provide personal health insurance coverage for the camper.

As a condition of my child’s (or my ward’s) attendance at the Camp, and participation in activities provided by or through the Camp, I hereby release Caravel Day Camp, L.L.C., its members and managers, its staff (including, without limitation, its director, counselors, nurse, counselors-in-training, and instructors), and its employees and agents, of and from any and all claims, demands, actions, and causes of action (collectively, “Claims”) which I (or my child or ward) have or may ever have or claim to have for personal injuries (including illness), known or unknown, and damages to property, real or personal, caused by, arising out of, or incurred during, my child’s (or my ward’s) attendance at the Camp, including, without limitation, Claims caused by, arising out of, or incurred during activities taking place off of the Camp’s premises and those caused by, arising out of, or incurred during extended day care hours.

I intend, by my signature below, to bind myself and my heirs, personal representative, successors and assigns.

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____