

Mount Ararat Community Activity Center Camp Harambee 2017 Registration Form

Last Name:		First Name:		Male <input type="checkbox"/>
				Female <input type="checkbox"/>
Street Address:			City, State Zip:	
Date of Birth:	/ /	Age:	Home Phone: ()	
Allergies or Other Medical Concerns:			School:	
Siblings Attending Camp	Name			Age
Mother's Name:			Cell Phone	
Email Address:				
Father's Name:			Cell Phone	
Email Address:				

Please list any special talents, skills or interests of your child:	Payment Method ___ CCIS _____ Weekly Co-pay amount ___ Private Pay ___ Other _____ (Indicate type)
T-Shirt Size (Youth): <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> Other (Adult size) _____	Weeks your child will be attending camp? ___ June 26 th – August 18 th _____ Other (indicate weeks)
Photo Release and Consent: I give my permission for my son/daughter to be photographed and/or videotaped by Mount Ararat's Summer Camp Program to be used on promotional materials. ___ Yes ___ No	My Child/ren have permission to walk home: Yes <input type="checkbox"/> No <input type="checkbox"/>

AUTHORIZATION

I authorize M.A.C.A.C. to seek medical attention for my child in case of emergency.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Health Insurance Coverage _____ Policy # _____		
Parent/Guardian Signature		Date:

There is a \$300 non-refundable registration fee.
Full payment is due by the start of camp.