

APPLICATION

Has the applicant attended Bolles Day Camp before? Yes No Girl Boy
Camper's Full Name _____ Nickname _____
Date of Birth _____ Age _____ School _____ Gr. in 2009-10 _____
Parent's Name _____ Address _____
City/Zip _____ Home Phone _____
Mom Work Phone _____ Dad Work Phone _____
Cell (Mom) _____ Cell (Dad) _____
Emergency Number _____ Name/Relationship _____
Family Physician _____ Phone _____

Medications, allergies, and special needs: _____

My child may take: (please check) Tylenol Yes No Liquid Benadryl Yes No

Does applicant know how to swim? Yes No

Do you need extended day care? Yes ____ a.m. ____ p.m. No

Please Check -

Day Camp Session I Session II Session III

Teen Camp Session I Session II Session III

Specialty Camps S.L.A.M. June 15 - July 24

Session I Math is all around me! Session II Digital Photo/Film/Internet

Session III Summer Strummers (including guitar) Session III Summer Strummers (not including guitar)

Session III Art Smart

Session III Read, Read, Read Gr. K-1 (1 week-a.m.) Gr. 2-3 (1 week-p.m.) Gr. 4-5 (2 weeks)

**T-shirt Size: Youth M Youth L Adult S Adult M Adult L Adult XL

Is there another camper your child needs to be partnered with? _____

RELEASE AND ASSUMPTION OF RISK

Application WILL NOT be complete until this signed form is returned. I certify that my child is in good physical condition and can partake in the daily schedule of events. I grant permission for the directors of Bolles Day Camp to act for me according to their best judgment in any emergency requiring medical attention, including treatment at a local hospital.

The undersigned hereby acknowledges that participation in the camp and related activities involves an inherent risk of physical injury, and the undersigned, on behalf of the registrant, hereby releases and forever discharges the camp and all employees and agents thereof from any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property and the consequences thereof, resulting from the registrant's participation in or involvement with this camp, including any failure of equipment or defect in the premises.

I also grant The Bolles School permission to use my child's photograph in any promotional literature.

Parent Signature _____

Date _____

Hospital Preference _____

Please Indicate Payment Method:

Check

Credit Card

Online

Amount Paid \$ _____