



San Juan Country Club
Kids Camp Registration Form

SJCC Member Name _____ Member # _____
(If not a member, please list Sponsor Member's Name and Member Number)

Parent/Guardian _____ Email _____

Address _____
Street City State Zip

Phone (cell) _____ Phone (work) _____

Camper Name _____ Female Male

Date of Birth ____/____/____ Age (**MUST** be 5 years old) Grade (Fall 2017) _____

1. Emergency Contact _____
First Last

Phone (cell) _____ Phone (work) _____

2. Emergency Contact _____
First Last

Phone (cell) _____ Phone (work) _____

Camper Pick-Up

My child will stay at camp in the designated pick up areas until he/she is met and signed out by one of the following people.

1. _____ 2. _____

3. _____ 4. _____

Is there anyone who should **NEVER** pick up your child? _____

Please select the sessions you would like your child to attend:

- Session #1: June 13-16
- Session #2: June 27-30
- Session #3: July 11-14
- Session #4: July 18-21
- Session #5: July 25-28

Completed registration and signed waiver is required to be completed before your child is eligible to attend Kids Camp.

*****Cancellation Policy*****

All payment is due at the time your registration form and waiver are turned in. NO REFUNDS will be given.



Camper Health Information:

Camper's Name _____

Conditions which may affect my child's ability to participate in camp _____

Allergies/Dietary Restrictions _____

Medications _____

(Please inform and give medication to the staff if your child needs medications, what time and the amount needed)

Child's Physician _____ Phone _____

Medical Insurance Company _____

Name & Member # of Insured _____

Medical Care Consent and Release of Liability

Please read this agreement carefully, initial each item and sign below.

_____ I authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician for my child, if I cannot be reached in an emergency. I understand that it is my responsibility to pay all medical expenses that arise.

_____ I agree that neither I, nor my child, will bring any claims of any kind against, Camp Staff, Operators, San Juan Country Club and San Juan Development Corporation or other participants as a result of any injuries, expenses or damages that I, or my child may suffer in connection with my child's participation in the Camp, whether such claims are known or unknown or arise in the future.

_____ I understand that if my child's behavior is hurtful or unsafe in any way to other camp participants, staff members or him/herself, they will forfeit their right to participate.

_____ I agree that the Camp retains the rights to use photos taken of campers at the Camp for the SJCC website purpose only.

_____ I understand that no one associated with the Camp is authorized to alter, modify or waive any of the terms of this agreement in any way.

I understand and accept the terms of this Medical Care Consent and Release of Liability form and am the parent of legal guardian of the child named above.

Signature _____ Date _____

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