

Imagine That! SUMMER CAMP 2018

Date Camper's First Name Camper's Last Name

Birth Date / / Age Male Female

Address City ZIP Code

Grade in Fall School Attending in the Fall

Mother's Name Cell Number Work Number

Father's Name Cell Number Work Number

E-mail Address Home Phone Number

Allergies:

Medications

Please Note -There is no nurse on campus; therefore, we may not administer any medications/shots

Permission to Photograph

My child has my permission to be photographed for camp publicity, i.e. Campus fairs, campus newspaper, and local newspapers, camp web site and magazines (check one)

Yes No

Tuition Includes one free
Imagine That! T-Shirt.
Please CIRCLE Shirt size:
(Youth 6/8) (Youth 10/12) (Youth 14/16)
(Adult S) (Adult M) (Adult L) (Adult XL)

Signature Required

Emergency Information: In the event that we cannot reach you, please provide the names of two people that we can contact in case of illness or injury:

Name Phone 1 Phone 2

Name Phone 1 Phone 2

Doctor's Name Phone #:

In the event that I cannot be reached in an emergency, I hereby give permission for Imagine That! Summer Camp staff to secure medical treatment for my child.

Signature Required

Date

Session I (May 29th to June 14th)

Cost

Jump Start Classes 8A.M. to 9A.M.

Morning Camps 9AM to Noon

Friend Request

Choice 1

Choice 1

Lunch Bunch

Yes No

If you sign-up for lunch bunch - Please send a sack lunch and a drink with your child. Please, No peanut butter.

Afternoon Camps 1PM to 3PM

Friend Request

Choice 1

Choice 2

Gymnastics - Indicate Times

Session II (June 18th to July 5th)

Jump Start Classes 8A.M. to 9A.M.

Morning Camps 9AM to Noon

Friend Request

Choice 1

Choice 2

Lunch Bunch

Yes No

If you sign-up for lunch bunch - Please send a sack lunch and a drink with your child. Please, No peanut butter.

Afternoon Camps 1PM to 3PM

Friend Request

Choice 1

Choice 2

Gymnastics - Indicate Times

Fees must be paid in full at the time of registration. Checks need to be sent within 2 days of your registration to secure camp spot.

Send to:

Bev Nystedt
12749 E. Laurel Ln.
Scottsdale, AZ 85259

Total

A payment plan is available upon request - contact Bev for details: (480)570-5234