

**Summer Camp 2010**  
**Camper Information**  
**ABC for KIDS**  
[www.abckid.net](http://www.abckid.net)

Camper's Name: \_\_\_\_\_  
Date of Birth #1: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Date of Birth #2: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Father's Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
**Emergency Contact Number:** \_\_\_\_\_  
Please list your child's medical conditions; allergies, special needs or medications ABC or Clementine's should be aware of: \_\_\_\_\_  
\_\_\_\_\_

**Please sign below and return with Tuition/Payment Policy.**

**Waiver/Release**

I hereby authorize the ABC for KIDS, Total Climbing and Clementine Art Studio staff to act for me according to their best judgment, in any emergency requiring medical attention, and I hereby waive and release ABC for KIDS, Total Climbing and Clementine Art Studio from any and all liability for any injuries or illnesses incurred while at ABC for KIDS, Total Climbing and Clementine Art Studios. I understand that participation in rock climbing involves height, motion, rotation and risk. Participation can cause risk of injury, paralization, and even death. Campers must be covered by their own medical insurance. All medical expenses incurred will be the responsibility of the camper or the camper's family. In lieu of a medical certificate signed by a medical doctor, I have no knowledge of any physical or mental impairment that would be affected by the camper's participation in the Camp program, as outlined on the website, which I have read. The camp is not responsible for personal items that are lost, stolen, or damaged. I understand that ABC for KIDS, Total Climbing and Clementine Art Studio retains the right to use any photographs, video-tapes, or any other record of camp events for publicity, advertising, for any legitimate purpose, without limitation or compensation. I also understand and accept ABC for KIDS and Clementine Art Studios refund policy.

**Parent/Guardian Signature**

**Date**

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## Tuition/Payment Policy

*Please circle the program(s) your child will be attending.*

**June 7-11:** 10am-1pm or 1-4pm

**June 14 - 18:** 10am-1pm or 1-4pm

**June 21 - 25:** 10am-1pm or 1-4pm

**June 28 - July 2:** 10am-1pm

**July 5 - 9:** 10am-1pm

**July 12 - 16:** 10am-1pm or 1-4pm

**August 2 - 6:** 10am-1pm or 1-4pm

**August 9 - 13:** 10am-1pm or 1-4pm

### Half Day

Morning session of athletic activities and indoor rock climbing.

**Monday – Friday Morning (ABC) 10 am - 1:00 pm \$225**

### Full Day

Athletic activities, rock climbing and afternoon art.

**Monday – Friday 10:00 am - 4 pm \$450**

Payment made online \_\_\_\_\_ Yes \_\_\_\_\_ No

Check Amount \$ \_\_\_\_\_ check # \_\_\_\_\_ Date \_\_\_\_\_

Credit Card Type: Visa, MasterCard or American Express

Zip Code \_\_\_\_\_

Card Number \_\_\_\_\_

Card Expiration Date \_\_\_\_\_

Cardholders name \_\_\_\_\_

Last three digits on the back of card. \_\_\_\_\_

Amount Charged \$ \_\_\_\_\_ Employee initials \_\_\_\_\_

Applications will be accepted on a first come basis, as enrollment is limited. Please accompany this application with full payment, payable to ABC for KIDS or Clementine Art Studios. We will only contact you if your request cannot be fulfilled.