



Centennial Kids Summer Day Camp Registration Form 2011

_____ Session I June 28 - July 1

_____ Session II July 5 - July 8

*Fill out one form per child

Member Price:

_____ 1 week for 1 child \$200.00
_____ 1 week for siblings \$175.00 per child
_____ 2 weeks for 1 child \$350.00
_____ 2 weeks for siblings \$300.00 per child

Non-Member Price:

_____ 1 week for 1 child \$250.00
_____ 1 week for siblings \$225.00 per child
_____ 2 weeks for 1 child \$450.00
_____ 2 weeks for siblings \$400.00 per child

Camper Info

Please fill out this form completely. If you have any questions, please call 501-339-3234.

First Name _____ Last Name _____

Gender M F Shirt Size _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____ Age _____

School grade as of August 2011 _____

Please list any allergies or other medical problems:

Parent Info

Mother's First/Last Name _____

Daytime Phone _____ Cell Phone _____ e-mail _____

Father's First/Last Name _____

Daytime Phone _____ Cell Phone _____ e-mail _____

Emergency Contact Info/Authorization to Release

In order to ensure the utmost safety for our campers, Centennial Valley, will only release campers into the custody of their parent(s) or legal guardian(s), unless there is prior notification in writing to the Club Manager, Reggie Rose, by the parent or legal guardian. Therefore Centennial Valley is hereby authorized to release the following camper only to those listed below.

Authorized Person #1

Name _____ Phone # _____ Relationship to camper _____

Authorized Person #2

Name _____ Phone # _____ Relationship to camper _____

Authorized Person #3

Name _____ Phone # _____ Relationship to camper _____

Emergency Contact Info:

Emergency Contact Name _____ Phone # _____

Physician's Name _____ Physician's Phone # _____

Additional Info

Please list any additional information that you would like for us to know:

Parent/Guardian Signature _____ Date _____

**Please fill out and return the medical release form with your application.*



*Medical Release Form & Informed Consent
Centennial Valley Country Club 2011*

I _____ (parent/guardian's name)
hereby give my permission for any and all medical attention to be
administered to my child _____ (child's name)
in the event of accident, injury, sickness, etc. I also assume the
responsibility for the payment of any such treatment.

Physician Name: _____

Physician Phone Number: _____

Known Allergies: _____

Medications: _____

INFORMED CONSENT

My Child _____, has enrolled in the camp program offered by CVCC. I hereby affirm that my child is in good physical condition and does not suffer from any disability that would prevent or limit his or her participation in the camp program. I hereby release CVCC, from any claims, demands, and causes of action arising from my child's participation in the camp program. I hereby release CVCC and the instructors from any liability now or in the future occurring during or after my participation on the camp program. I hereby affirm that I have read and fully understand the above.

Parents Signature _____ Date _____

***This form must be completed and turned in with Camp registration form. One form per child.**