



**SUMMER DISCOVER CAMP 2018
INTRO Career Exploration & Sports Camp
(going into 3rd, 4th grade) Registration Form**

PLEASE FILL OUT BOTH SIDES OF THIS FORM. PLEASE PRINT

****Due to the heavy volume of applications, please allow three weeks for the processing of applications and response acknowledgement from camp.****

**** Registration begins on Tuesday, January 2, 2018 ****

All registrations are processed in the order they are received. Incomplete packets will delay your child's registration

Please choose session

_____ **Session 1 -- July 2, 2018 -- July 13, 2018**

9 days (no camp July 4th) 8:30 am to 3:30 pm

_____ **Session 2 -- July 16, 2018 -- July 27, 2018**

10 days -- 8:30 am to 3:00 pm

_____ Are you interested in extended day?

_____ Would you like to be added to a carpool list?

CAMPER NAME: _____

Address: _____

City, State, Zip: _____

M ___ F ___ Birthdate: _____ Grade (current): _____ Age: ___ School: _____

PARENT/GUARDIAN NAME #1: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail (required): _____

PARENT/GUARDIAN NAME #2: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail (required): _____

EMERGENCY CONTACT NAME: *(other than parent, must be over 18)* _____

Home Phone: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____

If your child is interested in being grouped with a friend, please list who they want to be grouped with.

1. _____

3. _____

2. _____

4. _____

**** Changing groups will not be allowed once camp begins ****

Please answer the following questions:

Does your child have food or environmental allergies: _____ YES _____ NO

If YES, please explain: _____

Are there any limitations to the activities in which your child can participate: _____ YES _____ NO

If YES, please explain: _____

Does your child require any other additional accommodations in order to participate in all the activities of an educational and recreational program? _____ YES _____ NO

If YES, please explain: _____

Parent/Guardian permission form for all activities

I hereby give my permission for my child to participate in all activities of Summer Discover Camp. I understand and accept that neither Summer Discover nor anyone with Keefe Technical School will be held liable for accidents resulting in medical or dental expenses incurred as a result of program activities. In the event of injury or illness, the camp has my permission to provide immediate medical care as may be required. Medical information may be disclosed to camp staffers on an as needed basis, when it is in the best interest of my child.

Campers are responsible for property damage and may be sent home without a refund for violation of program rules.

I intend this statement to take effect as a sealed instrument.

Parent/Guardian Signature Date

*Children with severe food allergies may be restricted from participating in any of our cooking programs
Children with post injury and medically approved casts must submit a doctors note clearing them for camp activities*

\$595 per session -- Payment in FULL is required at registration

We accept Mastercard, Visa, Discover or check. Make checks payable to: Summer Discover Camp.

Credit Card # _____ Exp. Date _____

Please return all paperwork (*application, release forms & physical*) with payment in full to:

***Summer Discover at Keefe Tech, 750 Winter Street, Framingham, MA 01702
Fax: 508-620-8968 • Email: summerdiscover@jpkeefehs.org***