

PIRATE CAMP REGISTRATION FORM



We are so excited to have your child join our merry band of pirates! Please complete the form below completely. Please Print.

Childs Name: _____ Gender: _____

Childs age on 6/1/14: _____ School they attend: _____

Your name: _____ Occupation: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Other Emergency Contact Name & Contact Phone: _____

Other Guardian or Other Person allowed to pick up child: _____

Health Insurance Info including policy # _____

Child Allergies: _____ Does child have EPI Pen? _____

Medical Issues of child: _____

I hereby release photography or video of my child to be used on Pirates Gulf Coast web site or advertising without out identification of child by name.

Circle One: YES NO Your Initials here: _____

Permission to place a non-toxic temporary tattoo on your child?

Circle one. YES NO Your initials here: _____

I acknowledge that child will need to bring lunch and drink, please initial here: _____

I acknowledge that there is no after care and agree to pick up child on time, please initial here: _____.

I acknowledge I understand that if my child is sick on the day of the camp and cannot attend due to that illness that there is no refund of monies paid for Pirate Camp. I agree to notify you if my child will not be attending prior to the commencement of camp on that day by calling you.

Please initial here: _____

I acknowledge I have read all the plans for this activity involving my child and

I hereby give permission for my child to attend Pirate Camp at Pirates! Legends of Gulf Coast with full participation.

Your signature: _____

Date: ___ / ___ / _____

-----DO NOT WRITE BELOW LINE-----

Paid: \$ _____ How Paid: _____

Intake person Initial _____

DATE OF CAMP _____