

Summer Camp Registration 2010

Ages 6 – 13, Medical form on reverse side

Campers Name: _____ Age: _____ Gender M/F

Address: _____

Previous Camper: Y N Waiver on File Y N Home Phone _____

Email Address: _____ RV t-shirt Youth M, L or adult S, M, L (full week only)

Mother's/Guardian's Full Name: _____

Father's/Guardian's Full Name _____

Emergency Information

Emergency contact: (other than parent or guardian)

Name: _____ Phone _____

Authorize Pick Up Information

Those authorize to pick up camper, other than parent or guardian or Emergency Contact.

Name: _____ Daytime phone _____

Summer Camp Registration	1 Full Day	1 Full Week	Pm Care	Lunch –Pizza and a drink
Camp Weeks: 8:00a – 5:00p	\$ 52.00	\$235.00/ Week	5p -6p	\$5.00 per day
June 28 – July 2				
July 5 – 9				
July 12 - 19				
July 26 - 30				
August 2 - 6				
August 9 - 13				
August 16 - 20				
August 23 - 27				
August 30 – September 3				
Total amount Due:				

This registration form, health form and our two page liability waiver are required. Please fully and neatly complete each one. Please note: no registration is complete without a deposit of \$100.00 per child, per week's registration. Single day campers require payment in full at time of registration. Payments are Non Refundable.

Parent /Guardian Signature _____ Date _____

Office use Only Date _____ Deposit Paid? Y N Amount Paid:\$ _____

Rock Ventures 1044 University Ave, Rochester NY (585)442-5462

www.rockventures.net rock@rockventures.net