



STRONG WINGS SUMMER CAMPS 2010 REGISTRATION

Please fill in all fields. After printing, please sign and return with deposit and medical forms.

Child's Name: _____ Age: _____

D.O.B.: _____ Gender: _____ Grade (9/1/09): _____

Parent/Guardian Name:

Mailing Address (street):

City: _____ State: _____ Zip: _____

Nantucket Address (if different from above):

Home Phone: _____ Work/Other Phone: _____

E-Mail Address:

Child's Physician (Name/Phone):

PLEASE ATTACH CERTIFICATE OF IMMUNIZATIONS.

Allergies:

Medications:

Special Conditions:

Health Insurance Provider: _____ Phone: _____

Subscriber Name: _____

Certificate #: _____ Group #: _____

In case of emergency, contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please note that students will not be enrolled until medical records have been received.

I understand that this Strong Wings program will be conducted outdoors and that it is designed to be challenging as well as educational. I recognize and acknowledge that although the program has been carefully designed to be safe, the risk of injury or disability cannot be totally eliminated. In the event of illness or injury, consent is hereby given to provide emergency medical care or hospitalization. I affirm that the information provided is accurate and complete and I agree to hold Strong Wings harmless if full disclosure of pre-existing medical conditions has not been provided. I release Strong Wings, its staff members, and Board of Directors from all liability not directly related to the actions of Strong Wings staff members. I have read all camp and registration policies, understand them, and agree to adhere to them.

Signed _____ Dated _____

Strong Wings may use my child's unidentified photo in their brochures and literature, including their website. Yes _____ No _____

Please specify camp(s) and week(s) of enrollment:

___ **FIRST EXPLORERS** ___ **9:30-3:30** ___ **9:30-12:00** ___ **12:00-3:30**

___ **YOUNG EXPLORERS**

___ **EXTREME EXPLORERS**

___ **WARRIOR CAMP**

___ **WK 1** ___ **WK 2** ___ **WK 3** ___ **WK 4** ___ **WK 5** ___ **WK 6** ___ **WK 7** ___ **WK 8** ___ **WK 9**

Payment Method: ___ Check ___ Visa ___ M/C Amount: _____

Credit Card #: _____ Exp: _____

Signature: _____ Date: _____

Mail or Fax to: Strong Wings, PO Box 2884, Nantucket, MA 02584 (508) 228-6348

