

Animal Adventures

2018 Camp Enrollment Form

Please return completed form with deposit to Animal Adventures, 336 Sugar Rd., Bolton, MA 01740
978-779-8988



Monday thru Friday **9:00 am – 12:00 pm (ages 5-12) \$200/week**
1:00 pm – 4:00 pm (ages 13+) \$200/week

Child's Name: _____ **Age:** _____

Address: _____ **DOB:** _____

Home Phone: _____

First time attending Animal Adventures Camp? _____ **How did you learn of us?** _____

Parent/Guardian _____

Parent Address (if different) _____

Parent Phone (home) _____ **(work)** _____ **(cell)** _____

Email: _____

Emergency Contact _____ **Phone:** _____

Current Medical Conditions: _____

Current Allergies: _____

Special instructions, etc.: _____

RELEASE FOR EMERGENCY MEDICAL TREATMENT AND PHOTOGRAPH USE

In the event of an emergency and neither a parent nor guardian listed above is available. I authorize the owner of Animal Adventures or his designated staff to take whatever action s/he deems appropriate to the situation to obtain the necessary emergency medical treatment or hospital care for _____.

I permit the owner and staff of Animal Adventures to use any photographs taken at the Animal Adventures facility portraying _____ in any publications including, but not limited to, commercial materials and advertisements.

Parent or Guardian Signature

Date

Summer Camp 5yrs – 12yrs (9am-12pm)

- Session 1: June 25 - 29
- Session 2: July 9-13
- Session 3: July 16-20
- Session 4: July 23-27
- Session 5: July 30- August 3
- Session 6: August 6-10
- Session 7: August 13-17
- Session 8: August 20-24

Teen Camp 13+ (1pm – 4pm)

- Session 1: June 25-30
- Session 2: July 16-20
- Session 3: August 20-24

Registration Date: _____

Deposit: _____ **Date Paid** _____
full week = \$100 deposit per week part-week : \$45

cash__ check# _____

Balance Due: _____ **Date paid** _____

Cash__ check# _____