

# Little Figs Summer Camp

Registration  
- 2012 -



## Child Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Gender? Male Female Have You Attended Our Camps Before? Yes No

If No, How Did You Hear About Us? \_\_\_\_\_

## Parent Information

Parent's / Legal Guardian's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone Numbers Home: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## Emergency Contact Information



Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Please Circle The Week(s) Your Child Will Be Attending Camp

- Week 1 June 11th - 15th
- Week 2 June 18th - 22nd
- Week 3 June 25th - 29th
- Week 4 July 9th - 13th
- Week 5 July 16th - 20th
- Week 6 July 23rd - 27th
- Week 7 July 30th - Aug. 3rd
- Week 8 August 6th - 10th

Special Needs/Allergies/Dietary Issues/Medications  
\_\_\_\_\_  
\_\_\_\_\_

### Payment Options

Little Figs Summer Camp (# Weeks) \_\_\_\_\_ x \$125 = \_\_\_\_\_

Total = \_\_\_\_\_



Member Charge (# \_\_\_\_\_)

Or

Cash / Check Attached (# \_\_\_\_\_)

Payable to FGSRC

**Full payment must be submitted with registration.**

I have read, understand, and agree to all sections of the *Conditions Of Registration* on the back of this registration. All questions about the policies, activities, and operations of *Little Figs Summer Camp* have been answered to my satisfaction.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Conditions Of Registration

I, the signing parent or legal guardian, hereby apply to register the child, whose name appears on the reverse, in *Little Figs Summer Camp*. By doing so, I acknowledge that I read and agree to the following conditions of registration.

### General Matters

- 1) I agree that the child and his / her parents or legal guardians will abide by the rules and regulations set by *Little Figs Summer Camp* for the health, safety, and welfare of the child.
- 2) I understand that *Little Figs Summer Camp* reserves the right to dismiss a child whose conduct is dangerous, illegal, or detrimental to *Little Figs Summer Camp* and / or to other children. I agree that there will be no refund in the event of dismissal.
- 3) I understand that *Little Figs Summer Camp* reserves the right to cancel, change, or substitute programs or activities as listed in its *Little Figs Summer Camp* flyer as necessary.
- 4) I consent to the use of any pictures of the child in connection with *Little Figs Summer Camp's* future advertising or promotion.
- 5) Parents are required to pick-up their children promptly at the end of camp. If the child will be going home with someone other than you or your spouse, the counselors must be notified. Children who are not picked-up at the conclusion of camp will be charged.

### Payment & Cancellation Policy

- 1) Full payment must be submitted with every child's registration.
- 2) The weekly rates will not be pro-rated.
- 3) There will not be any refunds in connection with cancellations. If a child is unable to attend *Little Figs Summer Camp* due to an emergency or illness, he / she will be able to make it up in another camp based on space availability. We make exceptions for a child who suffers a physical injury or illness and whose doctor certifies to us, in writing, that the injury or illness is of a nature that the child cannot safely participate in any other week of camp. A child who withdraws from camp early due to a doctor certified injury or illness will receive a pro-rated refund. Dismissal from camp or withdrawal due to a personal scheduling conflict is not accepted as a basis for refund.

### Release Of Liability

I understand and acknowledge that certain camp activities (whether or not listed on the *Little Figs Summer Camp* flyer) have a risk of injury associated with them. I hereby release, and agree to indemnify and hold harmless, *Little Figs Summer Camp* and its counselors and representatives whatsoever from any and all losses, claims, damages, liabilities, costs, and expenses (including attorney fees) which a child may sustain or incur in any way arising out of or in connection with the child's participation in any and all camp activities.

### Medical

In the event of a medical emergency, I hereby give permission to Fig Garden and / or medical personnel, to secure, at my expense, proper treatment, as necessary, for the child named on the reverse side. I understand that all reasonable efforts to contact me will be made should an emergency arise.