

City of Bellaire
Parks and Recreation
Holiday Winter Camp Registration Form

Name _____ Age _____ D.O.B. _____ Sex _____

Address _____ City _____ Zip _____ Home Phone _____

Parent/Guardian Name _____ Email _____ Cell _____

Parent/Guardian Name _____ Email _____ Cell _____

If Not Available In An Emergency, Notify: _____

Address _____ Phone (H) _____ (C) _____

Persons Authorized To Pick Up My Child:

1. _____ Phone (H) _____ (C) _____

2. _____ Phone (H) _____ (C) _____

Parental Consent

I (we) the undersigned, am (are) the natural parent(s) or guardian(s) of the minor child or children, "minor(s)" as herein named, and as such, do hereby consent to the minor(s) named herein participating in the City of Bellaire sanctioned or sponsored activities as described in the application to which this consent is attached. I (we) acknowledge on behalf of the minor(s) named that:

1. I (we) have made full inquiry with the sponsors, teachers and/or counselors as to the nature and type of program; and
2. I (we) have permitted and authorized the named minor(s) to participate in the activity or program to which this consent is attached; and
3. I (we) acknowledged on behalf of the minor(s) that the participation in the program/camp and activity necessarily involves risk, including risk of injury, and believe and understand that the participation of the minor(s) as named herein is justified and proper.
4. I give my permission for the City of Bellaire to photograph my child during camp and to use the photograph in promoting the City of Bellaire Day Camp Program.

Signed this, the _____ day of _____, 20____. Signature _____

I want to enroll my child in the following days (please mark all days wanted):

12/23: _____ 12/26: _____ 12/27: _____ 12/30: _____ 12/31: _____
1/2: _____ 1/3: _____ Full 7 day Session: _____

****\$5.00/Day or \$25.00/Full Session discount per additional child within the same family.****

<u>Daily Fees</u>			
	Camp	Before Camp	After Camp
Resident:	\$30	\$2	\$5
Non-Resident:	\$40	\$5	\$10

<u>Full 7-Day Session Fees</u>			
	Camp	Before Camp	After Camp
Resident:	\$180	\$10	\$20
Non-Resident:	\$240	\$15	\$30

<u>Payment Schedule</u>
Camp: \$ _____
Before Camp: \$ _____
After Camp: \$ _____
Amount Due: \$ _____
Adjustments: \$ _____
Total Balance Due: \$ _____
Payment Transaction _____

For Office Use Only