

Camp Innsbrook Registration Form 2010

July 12 -16 • Time: M-Th 9am-2pm, Fri. 9am-Noon & 6pm Family Campfire • Graduated K-6th grade

CAMPER INFORMATION

Camper Name: _____ Age: _____ Fall 2010 Grade: _____
Must have Graduated K-6th grade in 2010
Gender: _____ Lot # _____ Shirt Size: ___YS ___YM ___YL ___AS ___AM ___AL

PARENT / GRANDPARENT / GUARDIAN CONTACT INFORMATION

Parent/Guardian Name: _____ Parent ___ Grandparent ___ Guardian ___
Home Address: _____
City: _____ State: _____ Zip Code: _____
Home phone number: _____ Innsbrook phone number: _____
Work phone: _____ Cell phone number: _____
Email address: _____

ADDITIONAL EMERGENCY CONTACT DURING CAMP HOURS

Name: _____ Phone number: _____

SWIMMING INFORMATION On Beach Day, does your child have permission to :

Swim to dock without a life vest _____ Swim to dock with life vest _____ Should not go out to dock _____
(Note: If you want your child to swim with a life vest, send it to camp on Friday morning.)

PAYMENT INFORMATION: Camp Innsbrook Week Long Camp Fee: \$225

Additional siblings fee: \$195 (discount for siblings only, cousins or other relatives do not apply)

A non-refundable registration fee of \$50 toward the full amount is needed with this registration form to hold your space.

Please make checks payable to Innsbrook Property Owners Association. Full payment is due by the first day of camp.

Mail or drop off registration to:

Camp Innsbrook, Innsbrook Property Management Building, #1 Aspen Circle Drive, Innsbrook, MO, 63390

CAMPER HEALTH INFORMATION

Please list any special concerns or needs of camper (consider medications, allergies, any medical conditions):

I, the undersigned parent or guardian of the named camper, a minor child, hereby authorize Innsbrook, through any one of its agents or employees, to provide medical care for the named camper (including transportation to a medical facility), if such is deemed necessary by either party, from the commencement of the camp for which the camper is attending to its conclusion. I further authorize Innsbrook, through any one of its agents or employees, to consent to medical treatment of any nature deemed necessary by a physician, hospital or any other care facility in the event that such camper suffers injury or illness during the period described above.

I hereby release Innsbrook and its employees, camp faculty and staff from any and all liability and responsibility in connection with accident or injury to my child while at the Innsbrook Camp. I understand that my child may participate in swimming activities.

Parent's Signature: _____

Date: _____

Insurance Co. Name: _____

Policy No. _____

ADDITIONAL INFORMATION:

Do you give permission to include your contact information in a Camp Buzz Book? Yes ___ No ___

Would you be willing to host a parents/grandparents coffee hour during the camp? Yes ___ No ___

For information about weeklong Camp Innsbrook, call 636-928-3366 x 180

Office use only:

\$50 registration fee enclosed. _____
Full payment of _____ enclosed.