

# Wizards of the Mind

# 2010 Summer Camp Registration Form

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Grade Next Fall \_\_\_\_\_ DOB \_\_\_\_\_

USCF Rating if any \_\_\_\_\_ Swimming Skills (please circle one) None Beginner Intermediate Advanced

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Parent's e-mail \_\_\_\_\_ Alternative e-mail \_\_\_\_\_

Mother's/guardian's name \_\_\_\_\_ Daytime phone \_\_\_\_\_ Mobil phone \_\_\_\_\_

Father's/guardian's name \_\_\_\_\_ Daytime phone \_\_\_\_\_ Mobil phone \_\_\_\_\_

Emergency Contact name \_\_\_\_\_ Daytime phone \_\_\_\_\_ Mobil phone \_\_\_\_\_

# of Weeks	FULL DAY WEEKLY RATE		HALF DAY WEEKLY RATE		Extended Day Rate (6-6:30pm)
	Weekly Rate based on multiple weeks	Total Full Day	Weekly Rate based on multiple weeks	Total Half Day Rate	
Six Weeks	\$325	\$1,950	\$225	\$1,350	\$180
Five Weeks	\$350	\$1,750	\$245	\$1,225	\$150
Four Weeks	\$360	\$1,440	\$250	\$1,000	\$120
Three Weeks	\$380	\$1,140	\$267	\$800	\$90
Two Weeks	\$400	\$800	\$280	\$560	\$60
One Week	\$410	\$410	\$290	\$290	\$30

Arts Camp	
8/9-8/20*	
Full	Half
\$300/w	\$250/w

**Half Day campers pick up at 2pm.**

Please check selected weeks for either Chess/Art/Combo Camps:

Week #	Dates	Chess Weeks	Art Weeks	Combo Weeks	Full or Half day option (F/H)	Extended Day
1	June 28-July 2					
2	July 5-July 9					
3	July 12 - July 16					
4	July 19 - July 23					
5	July 26 - July 30					
6	August 2 - August 6					
7	Arts only 8/9-8/13	N/A		N/A		N/A
8	Arts only 8/16-8/20	N/A		N/A		N/A

**Total Camp Fee:** \$ \_\_\_\_\_.

*Deposit of \$50 per week require at the time of registration. Full pmt is due by June 1<sup>st</sup>.*

## MEDICAL INFORMATION

Please list any allergies, fears, disability, medical conditions or other special needs camp's staff should be aware of: \_\_\_\_\_

Name of family physician: \_\_\_\_\_ Phone \_\_\_\_\_ Insurance Company \_\_\_\_\_ HMO or PPO \_\_\_\_\_

Insurance company address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Policy subscriber's name \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**MEDICAL TREATMENT AUTHORIZATION:** I hereby authorize the Wizards of the Mind to arrange for transportation in case of accident or acute illness of my child. In the event it is impossible to receive instructions from me for my child's care, consent is given to any licensed physician and/or surgeon called or to whom my child is taken, for treatment by him/her to provide care that includes routine diagnostic procedures (i.e., x-rays, blood and urine tests) and medical treatment as necessary to my minor son/daughter and administration of drugs and medication and to perform such surgical treatment as he/she shall think the existing emergency requires for pain relief or preservation of my child's life, and/or health and well-being. I/We agree to the release of any records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider.

**RELEASE:** I/We, the undersigned, individually and as parent(s) and/or guardian(s) of \_\_\_\_\_, a minor, ask that he/she be admitted to participate in Wizards camp sponsored by Wizards of the Mind, Inc. In consideration of such admission, I/we do hereby agree to release, discharge, and hold harmless the Wizards of the Mind, its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the summer camp or in the course of activities held in connection with the camp. We have read, understand and fully accept the policies of the Wizards of the Mind Camp.

Check for \$ \_\_\_\_\_ is enclosed (please circle: deposit, balance, full payment).

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please mail registration, policy form and payment to Wizards of the Mind, 379 Morris Avenue, Springfield, NJ 07081