

UMBC Summer Day Camp Application

Child's Name _____
Grade Entering in 2008-2009 School Year _____
Date of Birth _____ Gender _____ Group # (if attended in '07) _____
Home Address _____
City _____ State _____ Zip _____
Telephone Number _____
E-mail _____

Sessions Attending: (circle all that apply) **Shirt Size**

Session 1		
Session 2	YS	S
Session 3	YM	M
Session 4	YL	L
Session 5	YXL	XL

Parents/Guardians' Names _____
Occupation _____ Phone Num _____
Other Children in Family: _____ Phone Num _____
Name(s) _____ Age(s) _____

In case of emergency, name and number of person to notify:

Name _____ Phone Num _____
Name _____ Phone Num _____

Are there any medical problems that would prevent the child's participation in day camp activities? Yes No

If yes, please state _____

I, _____ (parent/guardian), in consideration of the acceptance of _____ (child's name) as a UMBC day camper, hereby agree to comply with the terms stated on the General Information Sheet/Brochure and UMBC Day Camp website.

Signature _____

Date _____

NOTE: The \$40 registration fee must accompany this application. The physical examination form must be completed and forwarded to the camp before the **start of the session**. Payment of the registration fee will hold a place in the camp for your child and is not part of the tuition. Payment in full is due **one month** from the session start date. Failure to pay by the pay date will result in a \$25 late payment fee. Cancellations after the payment deadline will result in a \$50 late cancellation fee. All questions should be directed to the camp director.