



Camper's name _____ Likes to be called _____

Address _____ Boy Girl

City _____ State _____ ZIP _____ Home Phone _____

Names of parents/guardians living with child _____ Email Address _____

Date of birth _____ Age on June 1, 2010 _____ Grade in school next fall _____ Church you attend _____

School camper attended this year (2009-2010) _____

▶ MAKE YOUR CHECK PAYABLE TO CAMP STRAIGHT STREET

I, the undersigned parent/guardian of this minor child, give permission for this child to participate in Camp Straight Street. I give my permission for my participate in the entire program, including riding in vehicles to camp trips. I give permission for my child's picture to be taken to be used on the camp's Web site or in camp publications. I hereby give permission for the adult bearer of this document or a photocopy thereof to give consent for emergency medical or surgical treatment of my child by a licensed physician.

SIGNATURE X _____ DATE _____

CHECK every week for which you're enclosing payment with this registration form. If your camper will attend only certain days each week, please attach a note of explanation and include \$40 per day of the first week.

<input type="checkbox"/> Registration Fee-\$15	<input type="checkbox"/> Week 3-\$149	<input type="checkbox"/> Week 6-\$149	<input type="checkbox"/> Indiv. Days	\$
<input type="checkbox"/> Week 1-\$149	<input type="checkbox"/> Week 4-\$149	<input type="checkbox"/> Week 7-\$149	<input type="checkbox"/> Snack Shop	
<input type="checkbox"/> Week 2-\$149	<input type="checkbox"/> Week 5-\$149	<input type="checkbox"/> Week 8-\$149	Account →	

REMEMBER: YOUR DAY CAMP REGISTRATION MUST BE ACCOMPANIED BY THE \$15 REGISTRATION FEE AND PAYMENT FOR AT LEAST ONE WEEK.

If you want to order Early/Late Show Tickets now, in the box tell us how many and include \$4 each.

HEALTH AND PARENTS CONSENT FORM

Camper's name _____

Parent's phone number _____ Work number for _____ is _____
IN CASE OF EMERGENCY, whom should we notify if we cannot reach you?

Name _____ Relationship _____

EMERGENCY phone number (Day) _____ (Night) _____

Allergies or other physical needs/limitations _____

STATE LAW REQUIRES THAT YOU PROVIDE US WITH A COPY OF A COMPLETED COMMONWEALTH OF VIRGINIA SCHOOL HEALTH FORM AND CERTIFICATE OF IMMUNIZATION (A COPY OF WHAT YOU SUBMITTED TO YOUR CHILD'S SCHOOL IS FINE, OR DOWNLOAD THE FORM FROM OUR WEBSITE) AS WELL AS A COPY OF YOUR CHILD'S BIRTH CERTIFICATE OR A COPY OF YOUR CHILD'S REPORT CARD. We recommend you submit these before camp begins to save time on camp day.