



**Medical Information**

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list any medical or developmental conditions (including allergies) \_\_\_\_\_

Current medications: \_\_\_\_\_

**General Information**

Has your child ever attended a Friends School Summer Camp program before? ( ) **YES** ( ) **NO**

How did you hear about our camp? \_\_\_\_\_

Please include any background information we should know to make your child's experience a positive one: \_\_\_\_\_

\_\_\_\_\_

Campers receive a free t-shirt. Please circle a size **CHILD S M L** or **ADULT S M L**

May we use your child's image for Friends School promotional purposes ( ) YES ( ) NO

Please check all that apply:

Sports and Fitness Camp:

( )	Week 1	June 18-22	9am-1pm	\$180
( )	Week 2	June 25-29	9am-1pm	\$180
( )	Week 3	July 3-6	9am-1pm (no camp 7/4)	\$145
( )	Week 4	July 9-13	9am-1pm	\$180

Specialty Camps:

( )	Week 1	June 18-22	Super Heroes	9am-1pm	\$180
( )	Week 2	June 25-29	Galactic Stars	9am-1pm	\$180
( )	Week 3	July 3-6	STEM Science	9am-1pm (no camp 7/4)	\$145
<b>OR</b>					
( )	Week 3	July 3-6	Explorations in Art	9am-1pm (no camp 7/4)	\$145
( )	Week 4	July 9-13	The Art of Cooking	9am-1pm	\$180

Camp PM is available from 1pm-3pm. Cost is \$80 per week

( ) Week 1 ( ) Week 2 ( ) Week 3 ( ) Week 4

*Registration Fee: A \$100 deposit is due at the time of registration. Completed applications and payment are due one week prior to start of each camp week. Please make checks payable to: Friends School of Virginia Beach.*

*Cancellations and Refunds: No refunds will be given if a camper is dismissed due to disciplinary action. Friends School Summer Camp reserves the right to cancel any camp due to low enrollment up to one week prior to the start of a camp. Fees for canceled camps will be refunded or may be applied to another camp. We are unable to give refunds or credits due to a camper's absence or illness.*

Medical Information: Campers must have their current immunization record and physical form on file with the main office.

Registration form is incomplete until initialed below:

(initial ) I authorize the faculty or representatives of Friends School/Camp as my agent, to provide such medical or dental examination and treatment as may be necessary as a result of illness or injury to my child which may occur while he/she is participating in a Friends School/Camp activity. I agree to assume responsibility for all expenses incurred as a result of such treatment, and shall indemnify the faculty or representatives of Friends School/Camp for any expense they might incur as a result of such illness or injury. I agree to hold harmless Friends School and Camp and its agents from liability arising out of an accident situation.

(initial ) I agree to abide by the guidelines listed in the Friends Summer Camp Handbook for the welfare and safety of my child, other campers and staff members. A copy of the Friends School Camp Handbook is available online at [www.friends-school.org](http://www.friends-school.org) under Summer Camp Programs or in the main office.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_