

Camp Westminster 2011 Registration Form

USE ONE FORM FOR EACH CAMPER

Camper's Name: _____ Age&Sex _____ D.O.B _____ Address: _____ City, State: _____ Zip _____

E-mail address (You will receive an email confirmation when your application is processed) : _____

Mother/Guardian's Name: _____ Mobile: _____ Work: _____ Father/Guardian's Name: _____ Mobile: _____ Work: _____

Emergency Contact: _____ Mobile: _____ Work: _____ Camper's Doctor: _____ Office #: _____

If your camper is taking any medication, or has any allergies or medical problems, Please specify: _____
 Sign or type below If you agree to the terms and conditions found on the second page.

Mother, Father or Guardian name _____

CAMP OFFICE USE ONLY

How to register your camper:

In the camp list below, enter 'X' in the cell for the one(s) that you would like to sign up for. Choose method of payment and submit application along with payment to the WCS Business Office. In the last column you will see the opportunity to deposit money into your camper(s) snack shack bank. Each cell represents \$20. Whatever money is not used will be reimbursed back to your camper.

Discount Info:

Fun Camp: Any 2 weeks \$190 per week, Any 3 weeks \$180 per week, Any 4 weeks or more \$165 per week. The week of July 5-8 is discounted by \$20
 Reading & Math Blast: Any 2 weeks \$220 per week, Any 3 weeks \$210 per week, Any 4 weeks or more \$200 per week. The week of July 5-8 it is discounted by \$20
 After Care is available for all camps, If you are planning to use after care please inform us below what days or weeks you will need it. No payment at this time \$100 per week / \$25 per Day / \$10 per Hour

Grade	Time	Cost	Camp Name	Jun 13-17	Jun 20-24	Jun 27-Jul 1	Jul 5-8	Jul 11-15	Jul 18-22	Jul 25-29	Aug. 1-5	Total
K5-8th	9a.m.-3p.m.	\$200	Fun Camp-Full Day									
K5-8th	12p.m.-3p.m.	\$85	Fun Camp-Half Day									
K5-2nd	9a.m.-3p.m.	\$230	Reading & Math Blast	Full	FULL	FULL		FULL	FULL			
3rd-5th	9a.m.-11:30a.m.	\$145	Summer Booster Workshop -Half									
3rd-5th	9a.m. - 3 p.m.	\$230	Summer Booster Workshop -Full									
5th - 7th	12:30 p.m.-3 p.m.	\$390	Summer Reading Book Club (3 weeks)									
4th-12th	9a.m.-3p.m.	\$285	Summer Strings									
4th-12th	9a.m.-12p.m.	\$195	Summer Strings									
1st-5th	9a.m.-12p.m.	\$165	Volleyball (No camp on Friday)									
6th-8th	1p.m.-4p.m.	\$165	Volleyball (No camp on Friday)									
9th-12th	5p.m.-8p.m.	\$165	Volleyball (No camp on Friday)									
6th-9th	5p.m.-8p.m.	\$165	Volleyball (No camp on Friday)									
K5-8th	9a.m.-3p.m.	\$225	Baseball-Full Day (Half Day Friday)									
K5-8th	9a.m.-12p.m.	\$165	Baseball- Half Day									
3rd-8th	9a.m.-12p.m.	\$165	Football (Half Day Only)									
2nd-9th	9a.m.-12p.m.	\$165	Basketball (Half Day Only)									
1st-8th	9a.m.-12p.m.	\$165	Indoor Soccer (Half Day Only)									
6th - 9th	12p.m.-3p.m.	\$320	Cheerleading 2 WEEK Session									
		\$20	SNACK SHACK									
				Less:		\$ -	Discount for Fun/Math Camp July 5-8					

I authorize Westminster to charge my credit card in the amount of \$ _____ - AMEX,VISA, MC # _____ Expiration Date _____
 I have enclosed a check in the amount of \$ _____ - _____

Please submit this form to the Westminster Business Office via mail, fax, or in person:

*Mail: Camp Westminster 6855 SW 152 Street Palmetto Bay, FL 33157 * Fax: 305-234-6063 * Email: Camp@wscsmiami.org

Camp Westminster Terms and Conditions

As a Parent or Guardian, I agree that I will be responsible for any loss, damage or destruction by my camper to any property of Westminster or to any property for which Westminster is liable or chargeable. Parent agrees to allow Camp Westminster to use my/our camper's photograph, image, likeness, and/or voice in camp publications, promotional materials, website, DVD's, videos, CD's, or other mediums, without compensation and without prior notice. I/we release and hold the camp harmless from any liability stemming from such use. Camp Westminster may unilaterally dismiss a camper should it determine that the conduct of the camper, parent's/guardian, or other family member is not in the best interest of the camp. No Refunds will be issued in the event of such dismissal. Parent understands that reasonable precautions are taken to ensure that the programs and activities at Camp Westminster are conducted by qualified personnel in a safe and responsible manner. However, parent further understands that because of the nature of some activities within the camp program, there is a possibility of accidental injury. These activities include (but are not limited to) swimming, ice skating, roller skating, horseback riding, field sports, archery, and canoeing. Parent recognizes these risks and agrees to allow his/her child (ren) to participate in the programs and activities. On the behalf of Parent's/guardian minor child to assume these risks and waive, release and discharge, and covenant not to sue, Camp Westminster, Westminster Christian School, and any other organization operating on or in Westminster Christian school's property, and each of its employees, directors, trustees, agents, and insurers, and volunteers (Collectively the "Releasees") from any and all liability and /or claims, suits, damages, injury, disability, death, costs and expenses, whether arising before, during or after the participation in the camp activities (including any motor vehicle transportation, morning care, after care, or administration of medicines/treatment) and whether caused by the sole or joint negligence, gross negligence, or tortuous act or omission of the releasees or any third party (Collectively the "Claims"). Notwithstanding anything herein to the contrary, the willful misconduct of the Releasees is expressly excluded from the scope and application of this Waiver and Release. The Releasees hereby knowingly and voluntarily waive, to the fullest extent permitted by law, the benefits of any statute, law, rule, or common law which may limit the scope of this Waiver and Release. If I cannot be reached, I hereby give permission for emergency medical treatment, emergency transportation, hospitalization, anesthesia, x-rays or necessary injections for my child (ren), and will be responsible for the bills of same. This authorization does not include major surgery, unless life-threatening, and only then when the medical opinions of two (2) licensed physicians or dentists concur in that treatment.

No refunds or credits will be issued after the camp begins. However, your satisfaction matters most to us and refunds or credits will be considered. Participants who are dissatisfied with a program for any reason must fill out a program evaluation prior to receiving a refund or credit so we can make the class better in the future. Credits and refunds will be evaluated on a case by case basis by the program supervisor.