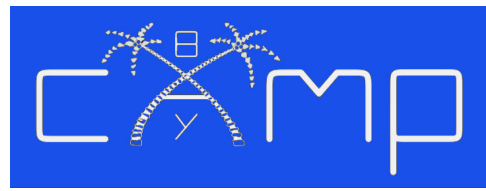


# A DAY TO PLAY

NO SCHOOL DAYS:

FRI OCT 6TH      FRI NOV 10TH      MON JAN 15TH

FRI MAR 8TH



## 7:30 - 6:00 PM

**DIRECTOR - LISA LEDET**

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ ( camp is open to ages 5yrs- 12yrs)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ DR LIC# \_\_\_\_\_

Mother's Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ DR LIC# \_\_\_\_\_

Father's Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Emergency Contact, Other than parents: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Person for Pick Up Authorization: \_\_\_\_\_ Relationship: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Holder: \_\_\_\_\_ I.D. # \_\_\_\_\_

I give my permission for my son/daughter \_\_\_\_\_ to be transported and to participate in swimming, field trips, and all other activities related to the Eastern Shore Bay Camp program. In case of emergency, I give permission to Eastern Shore Bay Camp to secure needed medical treatment for my son/daughter. I also Release and Hold Harmless Eastern Shore Bay Camp.

\_\_\_\_\_  
*Parents Signature*

\_\_\_\_\_  
*Date*

**Rates:** \$70.00 per child

**\*\*\*Please note: There is a \$10.00 late fee for every fifteen minutes you are late picking up your child from our program. Once you have pre-registered you are responsible for payment in full . Payments are Non Refundable or Transferable. (i.e. NSF's/ \$35.00, Stop Payments will NOT be honored .)**

**\*\*\* LOCATION: Eastern Shore Bay Camp at Celebration Church 8180 Dyer Road Fairhope Al. 36532**

**\*\*\*For more information you can go to [www.baycamp.org](http://www.baycamp.org) or call 251-752-4897**

**\*\*\* Registrations are available [www.baycamp.org](http://www.baycamp.org) or on site at 8180 Dyer Road Fairhope, Al 36532**

**\*\*\*Registrations can be dropped off at the site**

**\*\*\*Checks payable to Eastern Shore Bay Camp**

