

Date Received: _____ Deposit Amount Received: _____

Maize Recreation's Summer Fun Factory Registration 2010

ALL FORMS MUST BE COMPLETED WITH PROPER SIGNATURES before enrollment will be accepted. Additional forms found on pages, downloaded from our website www.maizerec.com or picked up at our office.

Name: _____ Birthdate _____ Grade _____

Address: _____ City: _____ Zip: _____

T-Shirt Size: YS YM YL AS AM AL AXL

Does child take medication? Yes No

If yes, the medication self-administration form must be completed. Doctor's signature is required. You may download this form at www.maizerec.com.
Please list any health conditions or allergies your child might have:

PARENT/GUARDIAN INFORMATION

First Parent/Guardian Name: _____

Address _____ City/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Second Parent/Guardian Name: _____

Address (if different from camper's) _____ City/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address: _____

EMERGENCY CONTACT INFORMATION (other than parents)

Name: _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Space is limited to the first 65 children, pre-registration and payment is required before your child is enrolled.

First priority goes to those signing up for all 9 weeks. If the week is full your child will be placed on a waiting list.

PLEASE CIRCLE THE WEEK YOUR CHILD WILL ATTEND:

June 1-4

June 7-11

June 14-18

June 21-25

June 28-July 2

July 5-9

July 12-16

July 16-23

July 26-30

Drop Off Time: _____ Pick Up Time: _____

(Please give an estimated time of when you will be dropping your child off and picking them up.)