



Fort Lauderdale, est.1959

REGISTRATION

This form must be completed by parent or guardian and returned along with the health form and registration fee or enrollment deposit.

CAMPER INFORMATION

Full Name _____ T-Shirt Size (YXS, YS, YM, YL, YXL, AS, AM, AL, AXL) _____

Date of Birth _____ Gender _____ Age Group _____

School Attending _____ Rising Grade _____

PARENTS OR GUARDIAN CONTACT INFORMATION

Date of Registration _____

Parent 1 _____

Parent 2 _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

E-mail _____

E-mail _____

MANDATORY PASSWORD _____

Your password will be used when St. Mark's needs to verify parent or visitor's identity.

Registration: \$25.00 (non-refundable for all programs. See schedules and fees document for all camp pricing.)

Weekly Sessions:

June 4–July 27

Please select the weeks* for which you would like to register your child(ren).

Day	<input type="checkbox"/> June 4–8	<input type="checkbox"/> June 11–15	<input type="checkbox"/> June 18–22	<input type="checkbox"/> June 25–29
Camp:	Under the Big Top	Island Explorer	Hollywood Stars	Color Me Crazy
	<input type="checkbox"/> July 2–6 (No Camp July 4)	<input type="checkbox"/> July 9–13	<input type="checkbox"/> July 16–20	<input type="checkbox"/> July 23–27
	Gameshow Mania	Rainforest Adventure	Into the Rabbit Hole	Hawaiian Hullabaloo

PK2-K Campers please

select one of the following:

Full Day

Half Day

Specialty

Camps:

June 4–8

Musical Theatre Intensive

June 11–22

Musical Theatre Camp/Production

June 4–8

Kid Archimedes Camp

June 11–15 July 23–27

Volleyball Camp

June 11–15 July 23–27

Flag Football Camp

Half Day Full Day June 4–8 June 25–29 July 2–6 July 9–13

Kingdom Training Basketball Camp

July 16–20

Hobby Quest Magic

July 16–20

Hobby Quest Aviators

July 23–27

Soccer Shots

Coral Ridge County Club Combo Camp (CCRC application also required)

Extended Care: Please check your need for morning or afternoon care.

_____ Morning Care 8:00 a.m. – 8:45 a.m. (\$30 per week)

_____ Afternoon Care 3:00 p.m. – 5:00 p.m. (\$60 per week)

*All campers must pre-register to receive the above rates. Partial weeks, make-up days, drop-ins, and refunds are not applicable.



POLICY STATEMENT

This statement must be signed by a parent or guardian.

Participant's Name _____

Participant's Name _____

I understand that St. Mark's has a cancellation policy on all Summer Camp fees. Only in the case of extreme medical emergency will the Administration review this policy. For an extended absence (one full week or more) due to illness or family emergency a CREDIT applicable to future sessions will be considered. Individual days missed during any session CANNOT be made up during later sessions. **THERE WILL BE NO CASH REFUNDS.**

I understand that I will not be issued a refund if my child is dismissed from the Summer Camp due to disciplinary action based on his/her behavior or misconduct. I further understand that refunds will not be issued in the event the National Hurricane Center broadcasts a "hurricane/tropical storm warning" for our area. In such a case, St. Mark's will cancel its Summer Camp for the duration of the inclement weather. Make up days will not be scheduled.

I understand that reasonable precautions are taken to insure that qualified personnel conduct the programs and activities at St. Mark's Summer Camp in a safe and responsible manner. However, I further understand that, because of the nature of some activities and regardless of supervision, there is a possibility of accidental injury. I recognize these risks and agree to allow my child(ren) to participate in the Camp. I agree to assume these risks and release and hold St. Mark's Episcopal Summer Camp, Church, School, officers, directors, employees, and agents harmless and waive any claim against St. Mark's Episcopal Summer Camp, Church, and School as to any injury that may occur to my child(ren) while attending the St. Mark's Episcopal Summer Camp.

I am responsible for payment of all program fees in accordance with the selections I have made and the dates that these payments are due. In cases where more than one party will share the expense of the program fees, the party that signs this application holds ALL financial responsibility for payment of such fees on or before the assigned due dates.

St. Mark's Summer Camp is hereby granted permission to use any individual or group photographs taken showing my child(ren) in summer activities for publicity, brochure, and/or website purposes.

Signature of parent or guardian _____ Date _____

Print name _____