

STRONG WINGS SUMMER CAMP 2020 REGISTRATION

Please fill in all fields.

After printing, please sign and return with deposit and medical forms.

Child's Name: _____ Age: _____

D.O.B.: _____ Gender: _____ Grade (9/1/20): _____

Parent/Guardian Name(s):

Mailing Address of Permanent Residence:

City: _____ State: _____ Zip: _____

Cell Phone : _____ Work/Other Phone: _____

Nantucket Address (if different from above):

Island Phone: _____

E-Mail Address: _____

Child's Physician (Name/Phone):

Allergies: _____

Medications: _____

Special Conditions: _____

PLEASE ATTACH CERTIFICATE OF IMMUNIZATIONS.

Please note that students may not attend camp until medical records have been received.

Swimming and water activities

An aspect of your child's Strong Wings experience is spending time at the beach and in the water. Our waterfront policies and procedures have been carefully designed to insure safety at all times. Staff members overseeing waterfront activities hold lifeguard certifications, have received additional training regarding specific waterfront and beach related safety procedures, and are supervised by our Aquatics Director, Camp Director or Assistant Director while facilitating any water activities. Beach activities and staff performance are closely supervised to insure compliance with all policies and procedures.

5 through 9 year-old students, swim at north shore and harbor beaches only. Kayak activities only take place when the water, current, wave, weather, and wind conditions are safe. It is important that parents and campers understand that all water activities are optional. If students do not wish to participate in water activities, other activity options are provided.

Specific information regarding all of our safety procedures and protocols can be found on our website or by request. As always please feel free to contact Strong Wings with specific concerns or questions regarding your child's participation in water activities.

In order to help insure your child's safety, please rate your child's swimming experience and ability. This information will be included on your child's emergency contact card which is carried by your child's group leader at all times.

Swimming ability

My child is a:

very strong swimmer moderate swimmer weak swimmer

My child cannot swim

Has your child received swim lessons or been a part of a swim team?

Are you comfortable with your child participating in water activities?

Additional comments: _____

Health Insurance Provider: _____ Phone: _____

Subscriber Name: _____

Certificate #: _____ Group #: _____

In case of emergency, contact: (Please list emergency contacts that are primary care givers who can be easily reached **on Nantucket. Parents should be the first contacts.**)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

I understand that Strong Wings programs will be conducted outdoors and that they are designed to be challenging as well as educational. I recognize and acknowledge that although the program has been carefully designed to be safe, the risk of injury or disability cannot be totally eliminated. In the event of illness or injury, consent is hereby given to provide emergency medical care or hospitalization. I affirm that the information provided is accurate and complete and I agree to hold Strong Wings harmless if full disclosure of pre-existing medical conditions has not been provided. I release Strong Wings, its staff members, and Board of Directors from all liability. I have read all camp and registration policies, understand them, and agree to adhere to them.

Signed _____ Dated _____

Strong Wings may **not** use my child's unidentified photo in their brochures and literature, including our website. _____ (initial here)

Please specify camp(s) and week(s) of enrollment:

___ SHARKS (5 and 6 year-olds) \$675

___ HAWKS (7 and 8 year-olds) \$675

___ YOUNG EXPLORERS (8 and 9 year-olds) \$675

___ EXTREME EXPLORERS (10 and 11 year-olds) \$675

___ WARRIOR CAMP (12 through 13 year-olds) \$675

___ The Champions (14

___WK 1 ___WK 2 ___WK 3 ___WK 4 ___WK 5 ___WK 6 ___WK 7 ___WK 8 ___WK 9 ___WK 10
6/15-6/19 6/22-6/26 6/29-7/2 7/6-7/10 7/13-7/17 7/20-7/24 7/27-7/31 8/3-8/7 8/10-8/14 8/17-8/21

*Please note that there will be no camp on Friday, July 3rd.

*Week 10 enrollment may be limited. Please sign up for week 10 if you are interested and we will contact you regarding availability.

*We require a \$100 deposit for each week of camp your child is registered for. Please indicate whether you would like to be charged for the full balance of camp or the deposit. Thank you.

Payment Method: ___ Check ___ Visa ___ M/C Amount: _____

Credit Card #: _____ Exp: _____

Signature: _____ Date: _____

I would like to send a child to camp this summer!

Your tax-deductable contribution will go directly to supporting tuition assistance or scholarship for an individual child. Thank you for your consideration!

___ Full summer scholarship: \$6,750

___ ½ summer scholarship: \$3,375

___ 2 weeks of camp: \$1,350

___ Other amount: _____

Mail to: Strong Wings, PO Box 2884, Nantucket, MA 02584 or email to cgetoor@strongwings.org