

GFS Summer Camps Registration

Please duplicate these forms or download from www.gfsnet.org/summer/camps.html for multiple camper registrations. If address, etc. is same as a sibling, just write "see [sibling name]" in Street Address field--we will fill in the rest.

In case of emergency we will call parents first, then the Emergency Contact person.

Camper's First & Last Name _____
 Age _____ Grade NEXT year _____ School NEXT year _____
 Parent(s)/Guardian(s) _____
 Street Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone(s) _____
 Cell: _____

Email: _____

We will confirm receipt of this form through email, so please be sure the email address listed above is clear and correct.

Please fill out only one camp line.

All day camps 9-3	Girls' Sports <input type="radio"/>	Soccer <input type="radio"/>	Basketball <input type="radio"/>	Days Attending: M T W Th F		
All Day Fees	1 \$85	2 \$135	3 \$180	4 \$215	5 \$225	Total fee for 9-3 \$ <input style="width: 80px;" type="text"/>
or _____						
Morning only 9-12	LS Computers <input type="radio"/>	Math Strategy <input type="radio"/>			Days Attending M T W Th F	
Morning Fees	1 \$55	2 \$90	3 \$125	4 \$160	5 \$170	Total fee for 9-12 \$ <input style="width: 80px;" type="text"/>
or _____						
Combination Camps 9-3	Computers G Sports	Math Strategy Soccer			Basketball	Days Attending: M T W Th F
Circle 1 from the top and 1 from the bottom	1 \$85	2 \$135	3 \$180	4 \$215	5 \$225	Total fee for 9-3 \$ <input style="width: 80px;" type="text"/>

Check here if you need a signed receipt for tax purposes.

Applications due Friday May 23, 2008 (\$10 late fee after that date)

Checks payable to GERMANTOWN FRIENDS SCHOOL

BOTH SIDES OF THIS APPLICATION FILLED OUT

to:

GFS Summer Camps, c/o Matt Zipin,
31 W. Coulter St. Philadelphia, PA 19144



GFS Summer Camps

Transportation/Medical/Swimming

Please duplicate these forms or download from www.gfsnet.org/summer/camps.html for multiple camper registrations

Camper's First & Last Name _____

Transportation:

My child gets out of camp at noon and is picked up by: _____
no later than 12:10 Name of pick-up person

My child gets out of camp at 3 and is picked up by: _____
no later than 3:15 Name of pick-up person

Emergency Contact _____ home work cell pager
Name and Phone:

Medical:

Please list any medical conditions that bear watching

What medications (if any) does your child take regularly? (Even if not taken at camp.)

Which medications (if any) will we need to administer at camp? Indicate schedule:

Swimming:

How would you classify your child's swimming level/experience? (circle one)

non swimmer beginner strong but no deep water deep water OK

comments?: _____

Other:

List any restrictions on your child's activities, any behavioral concerns, attention problems, etc. of which we should be aware.

Signature of Parent(s) / Guardian(s)

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