

2008 Camp Sub Zero, Camp Avalanche & X-treme Teen

| | | |
|-------------------------|-----------|------------------------------|
| Name | Age | Date of Birth / / |
| E-mail (Parent's) | | Camp SZ / Camp Aval / X-Teen |
| Address | City | Zip |
| School | Grade | Home # |
| Mother/Guardian | Work # | Cell # |
| Father/Guardian | Work # | Cell # |
| Other Emergency Contact | Contact # | |

I authorize Chaparral Ice to release my child from camp to the following persons in addition to the guardians & contacts above:

| | | |
|------|-----------|--------|
| Name | Contact # | D.L. # |
| Name | Contact # | D.L. # |
| Name | Contact # | D.L. # |

MEDICAL INFORMATION

| | |
|------------------|---------------------|
| Family Physician | Hospital Preference |
| Insurance Name | Policy Holder |
| Allergies | |

All medications to be administered at camp must be in their original container, with its original label. Medication must be given directly to a camp counselor and the medication log must be filled out. Please see terms & conditions regarding medication requirements while at camp.

List required medication, purpose & dosage.

Please list & explain any special emotional or physical needs that your child may have on a separate page.

| DATES | CAMP | CLASSES | CAMP FEE | CLASS FEE | DISCOUNT | AMT DUE |
|---------------------------------------|--------------|--------------|----------|-----------|----------|----------|
| 1 <input type="checkbox"/> 6/9-6/13 | SZ / AV / XT | LTS / Hockey | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 2 <input type="checkbox"/> 6/16-6/20 | SZ / AV / XT | LTS / Hockey | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 3 <input type="checkbox"/> 6/23-6/27 | SZ / AV / XT | LTS / Hockey | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 4 <input type="checkbox"/> 6/30-7/3 | SZ / AV / XT | LTS / Hockey | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 5 <input type="checkbox"/> 7/7-7/11 | SZ / AV / XT | LTS / Hockey | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 6 <input type="checkbox"/> 7/14-7/18 | SZ / AV / XT | LTS / Hockey | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 7 <input type="checkbox"/> 7/21-7/25 | SZ / AV / XT | LTS / Hockey | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 8 <input type="checkbox"/> 7/28-8/1 | SZ / AV / XT | LTS / Hockey | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 9 <input type="checkbox"/> 8/4-8/8 | SZ / AV / XT | LTS / Hockey | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 10 <input type="checkbox"/> 8/11-8/15 | SZ / AV / XT | LTS / Hockey | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 11 <input type="checkbox"/> 8/18-8/22 | SZ / AV / XT | LTS / Hockey | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

Credit Card Payment Information

| | | | |
|---------------|------|-----------|-----------|
| Credit Card # | Exp. | Amount \$ | Signature |
|---------------|------|-----------|-----------|

Below to be filled out by CASHIER only

| | | |
|--------------|---------------|----------------|
| Cashier Name | Date Received | Amount Paid \$ |
|--------------|---------------|----------------|