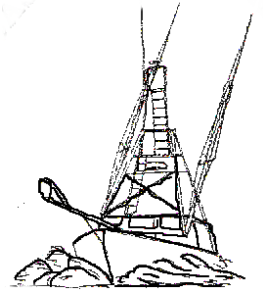


BOAT CAMP

by-the-sea!

54 Merrimac Street, Newburyport, MA 01950
978.463.2233 www.boatcamp.org



2008 summer application

Fee \$48 (per child/\$10 sibling discount)

Name: _____ Male/Female _____ How did you learn about us? _____

Mailing Address: _____

City _____ State ____ Zip _____ Email for confirmation _____

Home Phone: _____ Daytime/ Emergency Phone: _____

Birthdate (mm/dd/yy): _____

I enclose \$48 (Payable to BOAT CAMP, Inc.) per child, per four-Monday session for:*

Ages 2 to 4, 9:30 to 11 a.m. *Caregiver must attend with child/children

Mondays June 23 to July 14 _____ July 21 to August 11 _____

Saturdays July 12, 19, 26 & August 2 _____ Saturdays August 9, 16, 23 & 30 _____

Ages 5 to 7, 1:30 to 3 p.m. *Caregiver is welcome and encouraged to attend with child/children

Mondays June 23 to July 14 _____ June 21 to August 11 _____

Total Amount Enclosed/Charged:
\$ _____

* If necessary, refunds will be made at our discretion.

(OR) Please charge my credit card:

(MasterCard, Visa or Discover) number _____ expires (MM/YY) _____.

The name on the card is _____ and the billing address is _____.

Photo Release: I, _____, give my permission for BOAT CAMP, Inc. to use photographs or video of my child taken during camp for their advertising or promotional use either via their website or for print advertising.

Medical Release And Consent:

I, _____, authorize any attending physician to administer emergency care to my child in the event of injury while participating in BOAT CAMP. I understand that my child is participating in this program under his/her own risk. My child has permission to participate in program activities held ashore inside waterfront classroom. I will not hold BOAT CAMP Inc. responsible should injury or loss occur.

Signed: _____

List any food allergies, special care your child may need, or anything else that will assist us in ensuring your child has a terrific experience.

