

\$7500

\$7200

\$6600

\$6000

BADGER DAY CAMP

Camp Application: Part 1

DATES FOR OUR 2015 SEASON

FULL DAY

F

8 Weeks

7 Weeks

5 weeks

6 weeks

June 29th – August 21st

BEFORE 12/1

\$6800

\$6550

\$6000

\$5450

INSTRUCTIONS

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Αſ	SE FILL OUT THE FORM IN ITS ENTIRETY. POSIT OF \$500 MUST ACCOMPANY EACH APPLICATION, MAKE CHECKS PAYABLI SER SPORTS CLUB.	E TC
		N

NAME OF CHILD		
AGE	DATE OF BIRTH	
SCHOOL		GRADE (FALL 15)
NAME OF MOTHER		
NAME OF FATHER		
HOME ADDRESS	STATE	
CITY		ZIP
HOME PHONE		CELL PHONE
EMAIL		
RESTRICTIONS ON ACTIVITIES		
REMARKS		PHONE NUMBER
EMERGENCY CONTACT		

PA

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MERGENCY CONTACT	
YMENT II payment must be received by June 1st, 2015. Checks should be made to badger sports club, Inc. or refunds will be given after May 1st.	IMPORTANT There is an additional charge perfort ransportation from Riverdale Manhattan/No. West. Fees included lunch, transportation and towel services. There is no reduction of for unused transportation.
GNATURE OF MEMBER	*Please inform us of any reduct the length of registration by May registration will stand as reques

is available home for mini Day Campers within a five mile radius and is an additional flat fee of \$350

HALF DAY (AGES 3&4) 9AM-1PM

	BEFORE 12/1	
8 weeks	\$4775	\$5200
7 weeks	\$4400	\$4800
6 weeks	\$3950	\$4300
5 Weeks	\$3575	\$3900
4 Weeks	\$3100	\$3400

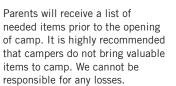
Half Day programs include transportation for mornings only. Parent must pick up their child at end of program.

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BADGER DAY CAMP

Camp Application: Part 2





YES NO

1. Camp starts June 29th and ends August 21st, Mon	day through Friday. There will be no	camp on July 4th.		
2. Camp days may not be substituted due to illness or	any other absence.			
3. I would like my child in the same group as:				
				_
If possible this request will be honored, this must be o	done before May 1st.			
4. In an emergency call (other than parents) those list	rad are authorized to pick up my child	t from comp		
NAME	RELATIONSHIP	PHONE		
1				
2				
PHYSICIAN	ADDRESS	PHONE		
1.	, SS N. LSC			
5. Special Instruction and Medical Needs				
6. Dietary Restrictions. (Badger Medical forms must b	e submitted to us by May 1st)			
7. Does child take medication to be administered by o	camp nurse. YES / NO			
8. I give permission for my child to participate in all c	amp related activities (including swir	nming)	YES	NO
9. I give consent for my child to be taken to and from used by Badger.	camp on field trips by means of trans	sportation	YES	NO
10. In the event that I cannot be reached by phone in my family physician, any local physician or hospital ar treatment to my child.			YES	NO

11. Parental permission is required to release email addresses & phone numbers to other parents

for parties, play dates etc...l give permission to release my address.