



# DAY CAMP



What will your child be doing on scheduled school closings for Harford County? Register them for day camp and let them come and play with us! Your child will enjoy a fun-filled day of indoor arena sports, outdoor playtime, swimming, games, crafts and more!

**Children must wear comfortable clothes and tennis shoes, bring their lunch, a bathing suit and towel.**

**MEMBER:** \$35 (8:30-3:30p)  
\$45 (7-6pm)

**NON-MEMBER:** \$45 (8:30-3:30p)  
\$55 (7-6pm)

**AGES:** 5-12 Years Old

410-734-7300  
2304 Churchville Road  
Bel Air, Md. 21015  
[www.thearenaclub.com](http://www.thearenaclub.com)

CHILD'S NAME \_\_\_\_\_ IS HE/SHE A MEMBER? \_\_\_\_\_

CHILD'S DOB \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_ CAN HE OR SHE SWIM \_\_\_\_\_ YES \_\_\_\_\_ NO

MOM'S NAME \_\_\_\_\_ DAD'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MOM'S CELL \_\_\_\_\_ MOM'S WORK \_\_\_\_\_

DAD'S CELL \_\_\_\_\_ DAD'S WORK \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ IS YOUR CHILD ENROLLED IN AFTER CARE \_\_\_\_\_

HEALTH INFORMATION: ARE THERE ANY SPECIAL NEEDS, MEDICAL CONDITIONS, OR BEHAVIORAL CONDITIONS THAT WE NEED TO BE AWARE OF TO ENSURE YOUR CHILD'S SAFETY? PLEASE EXPLAIN;

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## REGISTERED DATES

### 2014 Dates:

\_\_\_\_ September 25th  
\_\_\_\_ October 17th  
\_\_\_\_ November 3rd  
\_\_\_\_ November 4th  
\_\_\_\_ November 24th  
\_\_\_\_ November 25th  
\_\_\_\_ November 26th

### 2015 Dates:

\_\_\_\_ January 2nd  
\_\_\_\_ April 7th  
\_\_\_\_ April 8th  
\_\_\_\_ April 9th  
\_\_\_\_ April 10th

PAYMENT \_\_\_\_\_ Cash \_\_\_\_\_ CC \_\_\_\_\_ House \_\_\_\_\_ Check TOTAL AMOUNT \_\_\_\_\_ DATE PAID \_\_\_\_\_

CREDIT CARD TYPE \_\_\_\_\_ # \_\_\_\_\_ EXP \_\_\_\_\_

I accept full responsibility for my use of any and all apparatus, facility privilege or service whatsoever owned and operated by this club at my own risk and shall hold this club, its shareholders, directors, offices, employees, representatives, and agents harmless from any and all loss, claim, injury, damage, or liability sustained or incurred by me resulting there from.

PARENTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_