## **2021 Summer Camp Registration Form**





Circle Camps Attending: May 24-28 May 31-Jun 4 June 7-11 June 14-18 Jun 21-25 Jun 28-Jul 2 July 5-9 Jul 12-16 Jul 19-23 Jul 26-30 Aug 2-6

Child's Name	Age
Name of Camp Attending	
DOB	Phone
Parent's Name	Email
Emergency Contact	Phone
Is your child a member of the Ape	ex Center? (Yes/No)
Additio	onal Siblings Attending Camp
Child's Name	DOB
Child's Name	DOB
If your child has ANY special dieta snacks throughout the day.	ry restrictions please let us know as we may provide
in our pro shop if money is put on acc	p is 5pm. Children are permitted to make snack/drink purchases ount. All children will be fully supervised. Please send your thes & towel daily for All Day Camp. Transportation is provided s staff members.
associated with playing sports and I a emergency and neither I nor my emergency	ted above. I fully understand that there are inherent risks ccept those risks on behalf of my child(ren). In the event of an gency contact can be reached, I authorize the management at hild transported to the nearest emergency facility.
I authorize Impact Activities and The opposes.	Courts of McKinney to use my child's photograph/video for
Parent/Guardian Sign	ature Date