



2010 REGISTRATION

X INDICATES AVAILABLE CAMPS

CIRCLE ALL THAT APPLY

CAMPER NAME _____

JUNIOR CAMP INDY (4-6 YEAR OLDS)

	June 1 June 4	June 7 June 11	June 14 June 18	June 21 June 25	June 28 July 2	July 5 July 9	July 12 July 16	July 19 July 23	July 26 July 30	Aug 2 Aug 6	# wks selected	x	Cost per week	=	Total Fees
JCI	x	x	x	x	X	JCI4	x	x	x	x		x	\$110	=	

CAMP INDY (7-9 YEAR OLDS)

	June 1 June 4	June 7 June 11	June 14 June 18	June 21 June 25	June 28 July 2	July 6 July 9	July 12 July 16	July 19 July 23	July 26 July 30	Aug 2 Aug 6	# wks selected	x	Cost per week	=	Total Fees
BB					X							x	\$150	=	
CR	X									X		x	\$150	=	
CCC	X		X		X			X				x	\$150	=	
COC		X		X	X		X					x	\$150	=	
FB			X					X				x	\$150	=	
GC									X			x	\$170	=	
HLS	X		X						X			x	\$150	=	
MLC				X						X		x	\$150	=	
OAC		X		X		OAC4	X					x	\$150	=	
PAC			X						X			x	\$150	=	
SC										X		x	\$150	=	
SF	X							X	X			x	\$150	=	
VB		X										x	\$150	=	
WWS					X		X	X				x	\$150	=	

CAMP INDY (10-13 YEAR OLDS)

	June 1 June 4	June 7 June 11	June 14 June 18	June 21 June 25	June 28 July 2	July 6 July 9	July 12 July 16	July 19 July 23	July 26 July 30	Aug 2 Aug 6	# wks selected	x	Cost per week	=	Total Fees
BB					X				X			x	\$150	=	
COC			X									x	\$150	=	
CPC		X			X			X				x	\$150	=	
FB			X					X				x	\$150	=	
FC		X								X		x	\$150	=	
GC							X					x	\$170	=	
HBC		X	X	X	X		X	X				x	\$170	=	
HLS				X			X					x	\$150	=	
MBC			X				X		X			x	\$150	=	
MLC	X											x	\$150	=	
OAC	X		X		X	OAC4			X			x	\$150	=	
OOL				X				X		X		x	\$150	=	
PAC	X			X								x	\$150	=	
RTC						X						x	\$150	=	
SC												x	\$150	=	
SF	X									X		x	\$150	=	
VB		X										x	\$150	=	
WOA							X					x	\$150	=	
WWS									X	X		x	\$150	=	

EXTENDED CARE (EC)

	WK 1	WK 2	WK 3	WK 4	WK 5	WK 6	WK 7	WK 8	WK 9	WK 10	# wks	x	Cost per week	=	Total Fees
	incl.*	x	x	x	x	incl.*	x	x	x	x		x	\$40	=	

First week's fee in full	\$	+
\$50 deposit for <u>each</u> additional camp week	\$	+
Extended Care (all weeks in full)	\$	+
T- Shirt \$10 (Optional)	\$	+
Balance Due	\$	

Payment is required to hold each camper spot

*Extended care is included for week one and week six.

→ If ordering T-shirt, circle size:
child adult S adult M adult L

OFFICE ONLY:

Date received: _____

Amt: received: _____

Check #: _____

MAKE CHECKS PAYABLE TO "CAMP INDY"

7702 Indian Lake Road, Indianapolis, IN 46236

CAMPER INFORMATION

(One registration per child- Please print)

Child's Name _____

Address _____ City/State _____ Zip _____

Age _____ D.O.B. _____ Grade _____ (Male / Female) School _____

Mother's Name _____ Email address _____
Phone (H) _____ Work _____ Cell _____

Father's Name _____ Email address _____
Phone (H) _____ Work _____ Cell _____

People authorized to pick up child. _____

In case of emergency (other than parents)

Name _____ Phone _____
Name _____ Phone _____

Please list any special allergies, fears, needs _____

Doctor _____ Phone _____

Child's swimming ability (circle one) Poor Fair Good Excellent

My Child was referred to camp by: _____

Permission / Consent Form

I hereby waive all claims that I might have against Horizon Camp Indy, their agents, and employees, for injury, accident, illness, or death occurring during or by any reason of the above described activity. (I) (We) (Parents) (Guardians) of the above the named child do hereby authorize agents for the undersigned to consent x-ray exam, anesthesia, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or specific supervision of any physician or surgeon licensed under the provisions of the Medical Practice. Act on the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care begin required, but is given in advance to provide authority and power on part of the foretasted agents to give a specific consent to any and all such diagnosis, treatment or hospital care which the aforesaid physician in the exercise of his best judgment may deem advisable. I also waive photographic right of the camper for any Horizon Camp Indy advertisement brochure or news realest.

Signature of parent or guardian _____

Acknowledgement of Financial Responsibility

I understand that once my child attend Horizon Camp Indy I am fully responsible for the entire camp fee. Camp deposits are non-refundable, but may be transferred to an additional camp week. I also understand that all camp fees must be paid prior to the start of each camp or my child will not be allowed to attend. A \$25.00 late fee will be assessed for all unpaid balances after two weeks. Every thirty days that an unpaid balance is past due, an additional \$25.00 late fee will occur.

Refund Policy:

Camper missing three (3) or more days due to illness with doctor's note will result in fees being prorated and credit given for days absent.

Camper missing days without doctor's note result in all payment for that week being forfeited.

Death of family member (immediate or extended) will result in fees being prorated and credit given for days absent.

Cancellation of camp at least one week: camper may register for another week and \$40 deposit will be applied.

Cancellation of camp with less than one week notice: total payment for that week is forfeited.

Returned checks are charged \$35.00 fee and require a replacement in the form of cash or a money order. A second returned check will require all future payments be made with cash or money order.

Signature of parent or guardian _____