

**Daytona Beach Super Summer Day Camp**

1851 S. Clyde Morris Boulevard  
Daytona Beach, FL 32119  
(386) 760-4808

**Super Summer Day Camp Registration 2009**

Grade to Enter: \_\_\_\_\_

Name of Camper: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Camper lives with: (check one) Mom \_\_\_\_\_ Dad \_\_\_\_\_ Both \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Work/Cell Phone: \_\_\_\_\_ Mother's Work/Cell Phone: \_\_\_\_\_

Camper's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Are there any allergies or special concerns that we need to know about your child? \_\_\_\_\_

Physician's Name and Telephone Number: \_\_\_\_\_

In case of emergency, contact: Name \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_ Cell \_\_\_\_\_

**PARENT AUTHORIZATION FOR RELEASE OF STUDENT**

*The following are hereby authorized to pick up my child from Summer Day Camp if I am unable to do so:*

1. Name & Relationship: \_\_\_\_\_

Hm #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell/Beeper #: \_\_\_\_\_

2. Name & Relationship: \_\_\_\_\_

Hm #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell/Beeper #: \_\_\_\_\_

3. Name & Relationship: \_\_\_\_\_

Hm #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell/Beeper #: \_\_\_\_\_

4. Name & Relationship: \_\_\_\_\_

Hm #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell/Beeper #: \_\_\_\_\_

I have answered the questions of this registration form to the best of my knowledge with honesty. I agree to the rules and guidelines that Daytona Beach Summer Day Camp has set forth for its program, campers and parents. My signature below authorizes the above individuals to pick up my child in the event that I am not able to do so. I, the undersigned parent/guardian of this minor child give permission for this child to participate in DBCS Super Summer Day Camp. I hereby give permission for the adult bearer of this document or a photocopy thereof to give consent for emergency medical or surgical treatment of my child by a licensed physician.

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

**Check every week your child will be attending.**

Week 1 6/8-12	Week 6 7/13-17
Week 2 6/15-19	Week 7 7/20-24
Week 3 6/22-26	Week 8 7/27-31
Week 4 6/29-7/2	Week 9 8/3-7
Week 5 7/7-11	Week 10 8/10-14

**Check Camp T-Shirt Size**

Youth 6-8	Adult M
Youth 10-12	Adult L
Youth 14-16	Adult XL
Youth 18-20	Adult 2X
Adult S	Adult 3

**REGISTRATION FEE OF \$30.00 PER CHILD MUST ACCOMPANY REGISTRATION FORM.**

**PLEASE ENCLOSE CHECK OR MONEY ORDER. THANK YOU!**