



School's Out & Summer's In!

SUMMER CAMP REGISTRATION FORM

for Thrift Club Members and Friends, Ages 4 to 16 years old
July 9 – August 9, 2019

Springer Memorial School 9:00 am to 3:30 pm Monday to Friday

See promotional flyer for further details! (Adult supervision available 7:30 am to 5:30 pm)

Thrift Club Member? YES NO If Yes, A/c # _____ Not a Thrift Club Member?
Sign-up at registration for a further discount.

Child's Name	Age	Date of Birth (d/m/yr)	M	F
<u>DETAILS PROVIDED BELOW WILL BE USED AS EMERGENCY CONTACT INFORMATION</u>				

Parent/Guardian's Name		Parent/Guardian's Name	
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
()	()	()	()
Mobile	Other	Mobile	Other

Address _____

Address cont'd _____

Provide details below. Include diet restrictions, existing illnesses, allergies, special needs, et cetera.

Hospital/Clinic Preference _____

Physician's Name	Address	Phone Number
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PAYMENT DETAILS

(Refund charges will apply, see flyer for any additional costs, lunch and snacks available for sale)

Full-time Registration can only be paid in two installments and must be paid in full by the end of week 3

Thrift Club Member (\$325) full-time Non-Member Camper (\$350) full-time Weekly Option – (\$80) part-time

DISCOUNT OPTION: *Early Registration - pay \$15 less

Does not apply for weekly or part payment options. Only for total, full-time payments paid on or before June 28, 2019 deadline.

Receipt # _____ Payment Date _____ Paid at: Credit Union Camp Venue

Are you requesting *consideration* for our daily transportation subsidy? YES NO

Please complete the Transport Subsidy Form **at the camp venue** for consideration – special conditions apply - **Offer expires July 17, 2019.**

One camp shirt for tours included while stocks last:

Select size: Juniors: 6, 8, 10, 12, 14, 16 Teens: Small Medium Large X Large

INFORMATION & AUTHORIZATION

I hereby acknowledge that during camp, photos will be taken. I consent to the use of my child's likeness in, on or in connection with any promotional advertising produced by or for the benefit of BARBADOS PUBLIC WORKERS' CO-OPERATIVE CREDIT UNION LTD. (BPWCCUL). I release the BPWCCUL from all liability in case of accident during related activities as long as normal and reasonable safety procedures have been taken. I also note that in some instances additional fees related to tour admission may be required; my payment of these fees will further represent my granting of permission for my child to participate in these tours.

Parent's/Guardian's Signature _____

Date _____