



SUMMER CAMP REGISTRATION FORM

See promotional flyer
for further details!

A Summer Camp for children 4-16 years old.
July 16th - August 16th, 2024
Springer Memorial Secondary School,
Government Hill, St. Michael
Monday - Friday, 9:00am to 3:30pm daily
 (Adult supervision will be available from 7:30am until 5:30pm)

Thrift Club Member? YES NO If Yes, A/c # _____
Not a Thrift Club Member? Sign-up today.

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

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

Address _____ Address _____

Address cont'd _____ 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 _____

PAYMENT DETAILS

Refund charges will apply. Lunch and snacks available for sale. Tour fees are not included.

Thrift Club Member (\$350) full-time Non-Member Camper (\$370) full-time Weekly Option – (\$80) part-time

DISCOUNT OPTIONS: Does not apply for weekly or part payment options.

1. **Early Registration - pay \$15 less** (Only for total, full-time payments paid on or before the July 5, 2024 deadline)
2. **Bring a Sibling or Friend** (up to 3 campers) **pay \$10 less per sibling or friend** (Full fee required for the first child)

List the name(s) of sibling or friend being referred _____

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

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 _____