

THE SANDS OF ATLANTIC BEACH DAY CAMP
1395 BEECH BLVD, ATLANTIC BEACH, NY 11509
WINTER PHONE (516_ 371-4000
SUMMER PHONE: (516) 218-2504

LOCKER/CABANA #_____

GROUP_____

FOR OFFICE USE

CAMP ENROLLMENT CONTRACT

Please complete both sides of this form

Child's Name (Last, First, Middle)

Address:

Phone:

Parents' Marital Status

Siblings

Mother's Name & Phone

Father's Name & Phone

Physician Name & Phone

IMPORTANT INFORMATION

THE SIGNATOR AUTHORIZES THE SANDS TO OBTAIN EMERGENCY MEDICAL CARE AND OR FIRST AID IF NECESSARY FOR WELFARE OF THE CHILD IF ANY INJURY OR ILLNESS OCCURS IN CAMP.

COMPLETE MEDICALS MUST BE IN POSSESSION OF THE SANDS CAMP PRIOR TO CHILD BEGINNING CAMP. NO CHILD WILL BE ALLOWED TO ATTEND CAMP WITHOUT A MEDICAL FORM!

SIGNATOR UNDERSTANDS THAT CAMP SHIRTS, SOCKS & SNEAKERS MUST BE WORN EACH CAMP DAY .

SIGNATOR GIVES PERMISSION FOR CAMPER TO PARTICIPATE IN ALL CAMP ACTIVITIES

SIGNATOR PERMITS THE SANDS TO PUBLISH INDIVIDUAL OR GROUP PICTURES FOR PUBLICITY, DISPLAY, BROCHURES, SOCIAL MEDIA, ETC.

\$150 PAYMENT IS NON-REFUNDABLE SERVICE CHARGE. ONLY CANCELLATIONS MADE WITHIN THE FIRST WEEK OF CAMP WILL BE REFUNDED THE DIFFERENCE.

I UNDERSTAND AND WILL ABIDE BY ALL RULES OF THIS CONTRACT

SIGNATURE AND DATE

THE SANDS OF ATLANTIC BEACH DAY CAMP
1395 BEECH BLVD, ATLANTIC BEACH, NY 11509
WINTER PHONE (516_ 371-4000
SUMMER PHONE: (516) 218-2504

LOCKER/CABANA #_____

GROUP_____

FOR OFFICE USE

CAMP ENROLLMENT CONTRACT

Please complete both sides of this form

Child's Name:

Emergency Contact #1:

Phone/Cabana of Emergency Contact #:

Relationship to Child:

Emergency Contact #2:

Phone/Cabana of Emergency Contact #:

Relationship to Child:

GROUP INFORMATION

CAMPER DATE OF BIRTH

SCHOOL AND GRADE IN SEPTEMBER

CAMP ATTENDED LAST YEAR:

OF YEARS AT THE SANDS:

GROUP REQUEST (ONE NAME ONLY)

IT IS UNDERSTOOD THAT THE CHILDREN ARE OF
SAME AGE, GENDER, AND GRADE, AND THAT THE
REQUEST IS MUTUAL

ANYTHING ELSE WE SHOULD KNOW: