



# CAMP CAVS REGISTRATION FORM

NAME OF STUDENT \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_  
 SSN (XXX-XX-XXX) \_\_\_\_\_ DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_ AGE \_\_\_\_\_

<b>CAMP CAVS T-SHIRT</b> PLEASE CHECK ONE	<input type="checkbox"/> YOUTH SMALL (5-6)	<input type="checkbox"/> ADULT SMALL	<input type="checkbox"/> ADULT X-LARGE
	<input type="checkbox"/> YOUTH MEDIUM (8-10)	<input type="checkbox"/> ADULT MEDIUM	<input type="checkbox"/> OTHER _____
	<input type="checkbox"/> YOUTH LARGE (12-14)	<input type="checkbox"/> ADULT LARGE	

CAMP NUMBER	CAMP NAME	GRADE	FEE

**PARENT/GUARDIAN INITIAL EACH BOX BELOW**

\_\_\_\_\_  
 RELEASE AND LIABILITY WAIVER  
 I have read and fully understand the Release and Waiver of Liability Agreement and release BPCC of all claims.

\_\_\_\_\_  
 CAMPER'S CODE OF CONDUCT  
 We, the participant and the parent/guardian, understand and agree to abide by the Camper's Code of Conduct. I acknowledge that we are fully aware of the consequences resulting from the violation of any of the guidelines.

\_\_\_\_\_  
 PUBLICITY/PHOTOGRAPHY RELEASE  
 I have read and fully understand the Publicity/Photography Release and give permission to use this participant in either photographic or video taped production materials.

\_\_\_\_\_  
 TREATMENT AUTHORIZATION AND PERMISSION  
 I authorize BPCC staff to administer immediate and emergency medical treatment, including (1) transporting your child to a hospital emergency room or (2) calling the local rescue squad or ambulance.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CREDIT/DEBIT CARD INFORMATION**

CARD TYPE \_\_\_\_\_  
 CARD # \_\_\_\_\_  
 NAME ON CARD \_\_\_\_\_  
 EXP. DATE \_\_\_\_\_ CVV \_\_\_\_\_  
 CHECK ENCLOSED (payable to BPCC)

FOR OFFICE USE ONLY	
CASH	AMOUNT: _____
CHECK #	AMOUNT: _____
CREDIT/DEBIT CARD	AMOUNT: _____
FAX	WALK-IN
PHONE	MAIL
	ONLINE

REFUND POLICY: 90% REFUND IF REQUESTED AT LEAST THREE DAYS PRIOR TO CAMP START DATE. REFUNDS WILL NOT BE MADE AFTER THE CAMP BEGINS. PLEASE ALLOW THREE WEEKS FOR REFUND TO ARRIVE.

**HOW DID YOU HEAR ABOUT CAMP CAVS?**

- Continuing Ed Catalog
- BPCC Website
- Bossier Business Monthly
- Newspaper
- Radio
- Forum News
- Friend
- SB Magazine
- Other