

CAMP BRAVO REGISTRATION FORM

PARTICIPANT NAME _____ Birth Date _____
Address _____ City _____ State _____ Zip _____
Student e-mail _____ Gender: Male Female
School _____ Grade level entering _____
Doctor's Name _____ Doctor's Phone _____
Activity Restrictions _____ Dietary Restrictions _____

If you are attending with a friend in the SMAE AGE BRACKET that you would like to bunk with, please list here:

How did you hear about us? _____ Are you a returning camper? _____
Please check box if you think you MAY need bus transportation between Ontario airport and Camp Bravo.

PARENT/GUARDIAN _____ Relationship _____
Address (IF DIFFERENT THAN ABOVE) _____
Home phone _____ Work phone _____ Cell phone _____
Family e-mail _____ Work place _____

PARENT/GUARDIAN (other) _____ Relationship _____
Address (IF DIFFERENT THAN ABOVE) _____
Home phone _____ Work phone _____ Cell phone _____
Family e-mail _____ Work place _____

EMERGENCY CONTACT _____
Relationship _____ Phone _____

PLEASE CHECK BELOW: Select the week(s) you would like to attend. We will confirm enrollment upon receipt of this application.

WEEK ONE Sun June 28- Sat July 4, 2009
MIDDLE SCHOOL WEEK - ages 10 -13, for students entering grades 6-9

WEEK TWO Sun July 5 - Sat July 11, 2009
HIGH SCHOOL WEEK - ages 13 -18, for students entering grades 9-college

WEEK THREE Sun Aug 9 - Sat Aug 15, 2009
HIGH SCHOOL WEEK - ages 13 -18, for students entering grades 9-college

WEEK FOUR Sun Aug 16 - Sat Aug 22, 2009
HIGH SCHOOL WEEK - ages 13 -18, for students entering grades 9-college

*Camp Bravo sends **FINAL** confirmation notices approximately two weeks prior to camp. Please list confirmation e-mail below:*

I, the undersigned hereby release and agree to hold harmless Camp Bravo, Inc. and its respective agents, employees and representatives from any and all claims, demands, actions and causes of action, which I may have as a result of the registered participant enrolled in Camp Bravo. I also agree to Camp Bravo's security rules and regulations (as stated in the student agreement) with the understanding that, should any problems occur with the student during camp, the student will be returned home, and parents or guardian will be financially responsible for all necessary costs incurred. Activities at Camp Bravo may be photographed and videotaped for archival and promotional purposes. I agree to allow reproduction and distribution of all images for Camp Bravo use.

SIGNATURE _____ **DATE** _____
Parent or Legal Gaurdian

Camp Bravo provides this form as a courtesy. We accept no responsibility for its accuracy or completeness.