

# CAMP BRAVO REGISTRATION FORM

**PARTICIPANT NAME** \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Student e-mail \_\_\_\_\_ Gender:  Male  Female  
School \_\_\_\_\_ Grade (as of 1/1/10) \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
Activity Restrictions \_\_\_\_\_ Dietary Restrictions \_\_\_\_\_

If you are attending with a friend in the SAME 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 27- Sat July 3, 2010  
MIDDLE SCHOOL WEEK - ages 10 -13, for students entering grades 6-9

**WEEK TWO** Sun July 4 - Sat July 10, 2010  
HIGH SCHOOL WEEK - ages 13 -18, for students entering grades 9-college

**WEEK THREE** Sun Aug 8 - Sat Aug 14, 2010  
HIGH SCHOOL WEEK - ages 13 -18, for students entering grades 9-college

**WEEK FOUR** Sun Aug 15 - Sat Aug 21, 2010  
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.