

2010 Camp Sub Zero, Camp Avalanche & X-treme Teen

Name	Age	Date of Birth / /
E-mail (Parent's)		Camp SZ / Camp Aval / X-Teen
Address	City	Zip
School	Grade	Home #
Mother/Guardian	Work #	Cell #
Father/Guardian	Work #	Cell #
Other Emergency Contact	Contact #	

I authorize Chaparral Ice to release my child from camp to the following persons in addition to the guardians & contacts above:

Name	Contact #	D.L. #
Name	Contact #	D.L. #
Name	Contact #	D.L. #

MEDICAL INFORMATION

Family Physician	Hospital Preference
Insurance Name	Policy Holder
Allergies	

All medications to be administered at camp must be in their original container, with its original label. Medication must be given directly to a camp counselor and the medication log must be filled out. Please see terms & conditions regarding medication requirements while at camp.

List required medication, purpose & dosage.

Please list & explain any special emotional or physical needs that your child may have on a separate page.

	DATES	CAMP	CLASSES	CAMP FEE	CLASS FEE	DISCOUNT	AMT DUE
1 <input type="checkbox"/>	6/7-6/11	SZ / AV / XT	LTS / Hockey	\$ _____	\$ _____	\$ _____	\$ _____
2 <input type="checkbox"/>	6/14-6/18	SZ / AV / XT	LTS / Hockey	\$ _____	\$ _____	\$ _____	\$ _____
3 <input type="checkbox"/>	6/21-6/25	SZ / AV / XT	LTS /	\$ _____	\$ _____	\$ _____	\$ _____
4 <input type="checkbox"/>	6/28-7/2	SZ / AV / XT	LTS / Hockey	\$ _____	\$ _____	\$ _____	\$ _____
5 <input type="checkbox"/>	7/5-7/9	SZ / AV / XT	LTS /	\$ _____	\$ _____	\$ _____	\$ _____
6 <input type="checkbox"/>	7/12-7/16	SZ / AV / XT	LTS /	\$ _____	\$ _____	\$ _____	\$ _____
7 <input type="checkbox"/>	7/19-7/23	SZ / AV / XT	LTS / Hockey	\$ _____	\$ _____	\$ _____	\$ _____
8 <input type="checkbox"/>	7/26-7/30	SZ / AV / XT	LTS /	\$ _____	\$ _____	\$ _____	\$ _____
9 <input type="checkbox"/>	8/2-8/6	SZ / AV / XT	LTS / Hockey	\$ _____	\$ _____	\$ _____	\$ _____
10 <input type="checkbox"/>	8/9-8/13	SZ / AV / XT	LTS / Hockey	\$ _____	\$ _____	\$ _____	\$ _____
11 <input type="checkbox"/>	8/16-8/20	SZ / AV / XT	LTS / Hockey	\$ _____	\$ _____	\$ _____	\$ _____

Credit Card Payment Information

Credit Card #	Exp.	Amount \$	Signature
---------------	------	-----------	-----------

Below to be filled out by CASHIER only

Cashier Name	Date Received	Amount Paid \$
--------------	---------------	----------------