

LAKESIDE COUNTRY CLUB –
Camp Registration Form/Summer Swim Camp Form
EMERGENCY FORM

Child's Name: _____ Male _____ Female _____

Date of Birth: _____ Age _____ Grade entering in fall: _____

Address: _____

City: _____ Zip: _____ Home Phone: _____

Mother's Name: _____ Cell Phone: _____

Email Address: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Email Address: _____ Work Phone: _____

Emergency Contact if Parents are not available:

Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

KNOWN ALLERGIES and/or CONDITIONS/AILMENTS we need to be aware of?

DOCTOR'S NAME: _____ **Phone Number:** _____

My child...

Is able to Swim without help _____ Must stay in baby pool _____ Wears earplugs _____

Wears floatation devise _____ Can go on diving board _____ Can go in deep end _____

Please check one of the following

() My child will be picked up after camp by: _____

() My child will attend after care

Parents Signature: _____

CAMP ATTENDANCE FORM

Camper's Name: _____

Parent's Name: _____

Contact Number _____

Please place a check by the week or weeks you would like your child to attend camp.

___ May 21st – May 25th Monday-Friday

___ *May 29th – June 1st Tuesday- Friday

___ June 4th - June 8th

___ June 11th – June 15th

___ June 18th – June 22nd

___ June 25th – June 29th

___ *July 2nd – July 6th (no camp 7/4)

___ July 9th –July 13th

___ July 16th – July 20th

___ July 23rd – July 27th

___ July 30th – August 3rd

___ August 6th- August 10th

Weeks of July 23th, 30st and August 6th must be booked and prepaid prior to July 6, 2018. Please make sure that you reserve your spot early as these weeks fill up FAST!!!

If your child will attend 3 days during any of the above listed weeks PLEASE indicate the days below the week you have checked.

The * indicates 4 day week.