## 2025 Summer Safari DAy CAmp

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| REGISTRATION FORM |
| Camper INFORMATION (Please Print) |
| Camper’s last name: | First: | Middle: | .Nickname: | Youth t-shirt size (circle one) |
|  |  S / M / L / XL |
| Allergies? | Please list: | Birth date: | Age: | Sex: |
| ❑ Yes | ❑ No |  |  / / |  | ❑ M | ❑ F |
| Street address: | City: | State, ZIP Code: |
|  |  |  |
| Email (all camp correspondence will be done via email): | Home phone no.: | Cell phone no.: |
|  | ( ) | ( ) |
| Medical conditions? | Please describe: |
| ❑ Yes ❑ No |
| Camper is most interested in: | ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ Sports | ❑ Arts/Crafts | ❑ Cooking ❑ Music | ❑ Animals | ❑ Legos |  |
| If possible, please place my child in the same group as: |  Name of sibling(s) enrolled: |
|  |
| Parent/Guardian INFORMATION |
| Parent/Guardian: Relation to Camper: |
| Address (if different): | Home phone no (if different).: |
| ( ) |
| Occupation: | Employer: | Employer address: | Cell/Employer phone no.: |
|  |  |  | ( ) |
| Please list all individuals authorized to pick up Camper: |  |  |  |
| Please indicate requested sessions | ❑ June 23Super Hero Training | ❑ July 7Rockstar Training | ❑ July 14Medieval Times Knight/Princess Training |  |  |
|  |  |  |
|  |
| IN CASE OF EMERGENCY |
| Name of local friend or relative (not living at same address): | Relationship to camper: | Home phone no.: | Cell/Work phone no.: |
|  |  | ( ) | ( ) |
| Pre-registration is required. A $100 per session deposit is non-refundable and non-transferable between sessions and individuals. Please review your dates and sessions carefully. All balances must be paid in full by June 1, 2025. It is our policy not to issue a refund for absences or withdrawals as we have staffed our rich camper to counselor ratios assuming all enrolled camper's attendance. Bounce Safari staff may recommend the withdrawal of any child if adjustment to camp is not made within a reasonable amount of time. To attend camp, all children must be able to use the restroom independently.**Signed Waiver**: A signed waiver must accompany registration and will cover all camp sessions and activities.**Photo/Video Release:** I give my permission for my child's unidentified photo or video image to be used by Bounce Safari LLC for marketing purposes. I**mmunizations/Health Statement**: For the safety of all campers, I certify that my child's immunizations are up to date. |
|  |  |  |  |  |
|  | Parent/Guardian signature |  | Date |  |
|  | Enrollment Accepted Date: Camper Tuition: $225 x | \_\_\_wks | $ |  |
|  | Health Form Received ❑ Yes (Staff use)  |  |  |  |
|  | Waiver Attached ❑ Yes  |  |  |  |
|  | Please make check payable to "Bounce Safari" in the amount of: | Total |  |  |

**Mail registration to: Bounce Safari, 3 North Street, Waldwick, NJ 07463 201-857-4000**