

CAMP TERRAPIN

Tampa Preparatory School Summer Programs – 2010 Registration Form

Please complete one form PER CHILD and mail to: Tampa Prep Summer Programs, 727 W. Cass Street, Tampa, FL 33606

Student's Name: _____ Sex: ____ DOB: _____ Age: _____ Grade in Fall 2010: _____

School in Fall 2010: _____

Student's Mailing Address: _____ City, State Zip: _____

Mom's/Legal Guardian Name: _____ Mom's Home Phone: _____

Mom's Cell Phone: _____ Dad's Cell Phone: _____

Mom's E-mail Address: _____ Dad's E-mail Address: _____

Dad's/Legal Guardian Name: _____ Dad's Home Phone: _____

Physician's Name: _____ Physician's Phone: _____

If parent/guardian cannot be reached, contact: Name: _____ Phone: _____

Medications currently taking: _____ Allergies: _____

Please list any existing medical conditions the Summer Program should be aware of: _____

Parent/Guardian Consent and Authorization:

- (1) I hereby give my consent for (student, full name) _____, grade _____, to participate in athletic activities and camp-sponsored field trips, including, but not limited to, travel to and from said activities, and those that are a part of the expanded Tampa Prep Summer Programs. It is my clear understanding that participation in athletic activities creates a risk normally associated with such activities including the potential for catastrophic injury or even death. I agree not to hold the School, or anyone acting on its behalf, responsible for any injury occurring to the above-named student in the course of athletic or to the school program activities.
- (2) I hereby consent and give Tampa Preparatory School permission to use my child's photograph in school publications, the school's web site, and/or school publicity.
- (3) I hereby give permission for Tampa Prep's trained staff to administer appropriate medical attention including, but not limited to, first aid, treatment and other services and I authorize the School to obtain a physician of its own choice for any emergency medical care that may become reasonably necessary for my child in the course of athletic activities, field trips, or a normal school day. I understand that every reasonable effort will be made to contact the student's family physician; however, in the case of an emergency, as determined by the School, medical help will be sought as quickly as possible.

By this authorization, I hereby release Tampa Preparatory School from any and all liability in providing care and treatment to my child, and further, grant permission regarding the above.

Signature of Parent/Legal Guardian: _____ Date: _____

CAMP TERRAPIN FOR KIDS IN GRADES 1ST – 8TH
*** Choose TWO weeks for a total of \$480 or one week at \$275.**

- | | | |
|--|--|--|
| <p><input type="checkbox"/> Week 1 (6/7 - 6/11)</p> <p><input type="checkbox"/> Two-week rate: \$240 _____</p> <p><input type="checkbox"/> Weekly rate: \$275 _____</p> <p><input type="checkbox"/> AM Care \$30 _____</p> <p><input type="checkbox"/> PM Care \$30 _____</p> <p><input type="checkbox"/> After-camp swim \$50 _____</p> | <p><input type="checkbox"/> Week 2 (6/14 - 6/18)</p> <p><input type="checkbox"/> Two-week rate: \$240 _____</p> <p><input type="checkbox"/> Weekly rate: \$275 _____</p> <p><input type="checkbox"/> AM Care \$30 _____</p> <p><input type="checkbox"/> PM Care \$30 _____</p> <p><input type="checkbox"/> After-camp swim \$50 _____</p> | <p><input type="checkbox"/> Week 3 (6/21 - 6/25)</p> <p><input type="checkbox"/> Two-week rate: \$240 _____</p> <p><input type="checkbox"/> Weekly rate: \$275 _____</p> <p><input type="checkbox"/> AM Care \$30 _____</p> <p><input type="checkbox"/> PM Care \$30 _____</p> <p><input type="checkbox"/> After-camp swim \$50 _____</p> |
| <p><input type="checkbox"/> Week 4 (6/28 - 7/2)</p> <p><input type="checkbox"/> Two-week rate: \$240 _____</p> <p><input type="checkbox"/> Weekly rate: \$275 _____</p> <p><input type="checkbox"/> AM Care \$30 _____</p> <p><input type="checkbox"/> PM Care \$30 _____</p> <p><input type="checkbox"/> After-camp swim \$50 _____</p> | <p><input type="checkbox"/> Week 5 (7/5 - 7/9)</p> <p><input type="checkbox"/> Two-week rate: \$240 _____</p> <p><input type="checkbox"/> Weekly rate: \$275 _____</p> <p><input type="checkbox"/> AM Care \$30 _____</p> <p><input type="checkbox"/> PM Care \$30 _____</p> <p><input type="checkbox"/> After-camp swim \$50 _____</p> | <p><input type="checkbox"/> Week 6 (7/12 - 7/16)</p> <p><input type="checkbox"/> Two-week rate: \$240 _____</p> <p><input type="checkbox"/> Weekly rate: \$275 _____</p> <p><input type="checkbox"/> AM Care \$30 _____</p> <p><input type="checkbox"/> PM Care \$30 _____</p> <p><input type="checkbox"/> After-camp swim \$50 _____</p> |
| <p><input type="checkbox"/> Week 7 (7/19 - 7/23)</p> <p><input type="checkbox"/> Two-week rate: \$240 _____</p> <p><input type="checkbox"/> Weekly rate: \$275 _____</p> <p><input type="checkbox"/> AM Care \$30 _____</p> <p><input type="checkbox"/> PM Care \$30 _____</p> <p><input type="checkbox"/> After-camp swim \$50 _____</p> | | |

SUBTOTAL: _____

Returning Camper Discount** (\$10/week, \$25/two weeks) _____

Early Bird Discount**
 (\$10/week, \$25/two weeks if registered before 4/1/10) _____

****Only one discount per camper may be used.**

TOTAL (SUBTOTAL, Less Discounts) \$ _____

NO REFUNDS AFTER JUNE 1, 2010

METHOD OF PAYMENT

Check enclosed for \$ _____ (Make checks payable to Tampa Preparatory School)

Please charge \$ _____ to my: VISA MASTERCARD

NAME AS APPEARS ON CARD: _____

ACCOUNT #: _____ EXP. DATE: _____

BILLING ZIP CODE: _____ CARD CODE: _____

SIGNATURE: _____

TAMPA PREP USE ONLY:

Check #: _____ Amount: _____ Date Received: _____