

# Camp Tao Registration Form

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_ M/F (Circle)

Child's Preferred Name \_\_\_\_\_

Date of Birth (mm-dd-yyyy) \_\_\_\_\_ Grade Completed June 2015 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Parents'/Guardians' Names \_\_\_\_\_

Contact number of Parent/Guardian (please say who's number) \_\_\_\_\_

## ALTERNATIVE CONTACT - for emergency and you cannot be contacted:

#1 Name/Relationship \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

#2 Name/Relationship \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

## MEDICAL INFORMATION

**ALLERGIES:** (Please write "none" if no allergies) \_\_\_\_\_

## MEDICATIONS (List below, with doses and times):

(Please write "none" if child does not take any medication.) \_\_\_\_\_

### Camp Day

Monday thru Friday 8:30am— 2:00pm

Early Drop Off - 7:30am

Limited openings available.

**Register early to ensure availability.**

Day Camp— \$205 week

Early Drop off - \$30 week

Camp T-shirt (select size)

XS \_\_\_\_ S \_\_\_\_ M \_\_\_\_ L \_\_\_\_ XL \_\_\_\_

**\*We reserve the right to cancel weeks with low registration**

Physician name and number \_\_\_\_\_

Insurance name and policy \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

### Permission Form

I give my permission for \_\_\_\_\_ to take part in the Camp Tao Day Camp at Beanie Yogini Kids Yoga Studio. This child, to the best of my knowledge, is in good physical condition and is capable of participating in the activities of an outdoor camp. I understand that some activities associated with an outdoor camp have an inherent risk factor, and that all appropriate precautions will be taken for the safety of my child. I give my permission to the Camp Tao staff and volunteers and/or hospital staff to administer proper medical assistance to the above named participant. I agree not to hold Beanie Yogini Kids Yoga Studio LLC. or any of their agents responsible in the event of injury to my child.

\_\_\_\_\_  
Parent or Guardian (Please Print)


\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

### Payment Form

**Please check week(s)  
your child will be attending**

Week 1 June 8-12  
Week 2 June 15-19  
Week 3 June 22-26  
Week 4 June 29—July3  
Week 5 July 6-10  
Week 6 July 13-17  
Week 7 July 20-24  
Week 8 July 27-31

	<b>Full Day Camp \$265</b>	_____
	<b>Number of weeks</b>	_____
	<b>Yoga Mat (\$10.00)</b>	_____
	<b>Late Pickup (\$50.00wk)</b>	_____
	<b>Total</b>	_____
<b>Method of Payment check one</b>		
Cash _____	Check _____	Visa _____ MC _____
Card # _____	Exp _____	
Signature _____	Date _____	