

Wizards of the Mind

2019 Summer Camp Registration Form

Student Name _____ Age _____ Grade Next Fall _____ DOB _____

US Chess Federation Rating if any _____

Home address _____ City _____ State _____ ZIP _____

Parent's e-mail _____ Alternative e-mail _____

Mother's/guardian's name _____ Mobil phone _____

Father's/guardian's name _____ Mobil phone _____

Emergency Contact name _____ Mobil phone _____

# of Weeks	FULL DAY RATE		HALF DAY RATE	
	Weekly Rate based on multiple weeks	Total Full Day	Weekly Rate based on multiple weeks	Total Half Day Rate
One Week	\$410	\$410	\$275	\$275
Two Weeks	\$405	\$810	\$270	\$540
Three Weeks	\$400	\$1,200	\$265	\$795
Four Weeks	\$395	\$1,580	\$260	\$1,040
Five Weeks	\$390	\$1,950	\$255	\$1,275

2019 Camp enrollment is very limited. To guarantee a spot, please send registration form and non-refundable \$100 deposit per each enrollment week. Remaining balance is due by May 15th. Half day schedule is until 12noon.

Camp is open from 7:30 to 6pm. Please read our late pick up policies.

Week #	Dates	Check Weeks Selected	Chess or Art or Chess/Art Combo	Full or Half day option (F/H)
1	June 24-June 28			
2	July 8 - July 12			
3	July 15 - July 19			
4	July 22 - July 26			
5	July 29 - August 2			

Discount: 5% off for additional camper from the same family. Note: Camp will not be operating during week of July 1-5th.

Total Camp Fee: \$ _____.

MEDICAL INFORMATION

Please list any allergies, fears, disability, medical conditions or other special needs camp's staff should be aware of: _____

Name of family physician: _____ Phone _____ Insurance Company _____ HMO or PPO _____

Insurance company address _____ City _____ State _____ ZIP _____

Policy subscriber's name _____ Policy #: _____ Group #: _____

I certify that my child Immunizations are up to date and he is healthy to attend to attend Wizards of the Mind camp

MEDICAL TREATMENT AUTHORIZATION: I hereby authorize the Wizards of the Mind to arrange for transportation in case of accident or acute illness of my child. In the event it is impossible to receive instructions from me for my child's care, consent is given to any licensed physician and/or surgeon called or to whom my child is taken, for treatment by him/her to provide care that includes routine diagnostic procedures (i.e., x-rays, blood and urine tests) and medical treatment as necessary to my minor son/daughter and administration of drugs and medication and to perform such surgical treatment as he/she shall think the existing emergency requires for pain relief or preservation of my child's life, and/or health and well-being. I/We agree to the release of any records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider.

RELEASE: I/We, the undersigned, individually and as parent(s) and/or guardian(s) of _____, a minor, ask that he/she be admitted to participate in Wizards camp sponsored by Wizards of the Mind, Inc. In consideration of such admission, I/we do hereby agree to release, discharge, and hold harmless the Wizards of the Mind, its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the summer camp or in the course of activities held in connection with the camp. We have read, understand and fully accept the policies of the Wizards of the Mind Camp.

Check for \$ _____ is enclosed (please circle: deposit, balance, full payment).

Parent/Guardian Signature: _____ Date _____

Please mail registration, policy form and payment to Wizards of the Mind, 379 Morris Avenue, Springfield, NJ 07081